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ABSTRACT

The current status of child abuse and neglect research is reviewed from the four traditional perspectives of mental health, medicine, law, and social work. In the field of mental health, research methodology; characteristics of victims, perpetrators, families, and the situation; prediction; long-term effects; and theoretical approaches are covered. The role of both "traditional" and "less traditional" medicine is reviewed, including the role of nursing, physical effects, prevention, developmental effects, and the interface of medicine with other social and cultural issues relating to child abuse and neglect. The legal review covers criminal laws, reporting statutes, neglect statutes, jurisdiction, the relationship of law and other disciplines, and parents' and children's rights. The social work perspective provides a definition of neglect and discusses influences contributory to neglect, early warning signals, and sequelae. Conclusions and recommendations for future research are given for each of the four fields. (Author)

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FOUR PERSPECTIVES ON THE STATUS OF CHILD ABUSE AND NEGLECT RESEARCH

March 1976

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INTRODUCTION

Information is one of the foremost resources of the National Center on Child Abuse and Neglect. In creating the National Center, Congress recognized the need for an effective central point among federal agencies for collecting, publishing, and disseminating information about research dealing with child abuse and neglect. This report has been written in order to improve our knowledge about this social ill.

The report contains four expert papers that view child abuse and neglect research from the broad traditional perspectives of medicine, social work, mental health, and law. In our discussions of subject areas, findings and conclusions, and research needs, the authors have set forth independent appraisals of contemporary research in the field. Selected elements of these four self-standing chapters have, however, been used in a composite status report on child abuse and neglect. The composite status report is being issued as a companion volume to the specialists' papers.

* * *

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I. Child Abuse: A Review of the Psychosocial Research

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Introduction

In 1960 it was pointed out by Elizabeth Elmer, one of the pioneers in the systematic study of child abuse, that an important reason for the small amount of research in child abuse up to that point was "the repugnance felt by most of our society for the entire subject of abused children" (p. 98). In order to overcome the reluctance of professionals to consider the problem of child abuse, Henry C. Kempe coined the new, more provocative term "battered child syndrome" in 1961 in a meeting of the American Academy of Pediatrics. "I had for the preceding 10 years talked about child abuse, non-accidental, or inflicted injury, but few paid attention" (Kempe, 1971, p. 28). Since that particular selection of words by Kempe, there has indeed been increased concern with the problem of abuse. Still, in 1971 the relative scarcity of research on child abuse prompted David Bakan to note, "It is a most remarkable fact that abundant research material on problems of substantially lesser significance exists but only very recently has scientific entertainment of the problem of child abuse even entered the realm of possibility" (p. 8).

While the growth of systematic study of child abuse may have initially been slow, in recent years there has been a surge of interest in the problem. This increased concern with child abuse has been manifested not only in a larger quantity of research and service but also in greater breadth and diversity in conceptual approaches to the problem. This rapid growth has created a necessity for the existing state of knowledge to be carefully reviewed, and synthesized. This chapter is one in a series of chapters designed to perform such a review. Its purposes are to: 1) integrate and synthesize the research findings; 2) assess the present state of empirical knowledge; 3) identify important gaps in the research; 4) identify research strategies that appear to have the potential for filling the existing gaps; and 5) offer recommendations for future research in the field of child abuse.

This report will be restricted to research dealing with physical injuries that have been inflicted upon children by their caretakers. Studies of child neglect will not be discussed, except in so far as neglectful families are compared with abusive families by researchers. Nor will the "institutional abuse" of children be discussed. While these are extremely important areas of concern in the total picture of the welfare of children, space limitations make it impossible to give them the comprehensive coverage that they deserve. In addition, this report will not review studies on incidence of child abuse, will not discuss the history of abuse, and will not deal with legal or medical issues. All of these areas of concern will be discussed in other chapters of this report. Instead, the present chapter will focus primarily on social, demographic, familial, situational, and personality characteristics of abuse, abusers, or victims. Additionally, prediction of abuse, the long-term effects of abuse, and alternative theoretical explanations will be discussed. Research findings from related areas, such as the study of violence and aggression, punishment, marriage, and patterns of family interactions will be drawn upon selectively. Before the substantive findings of the research in child abuse are discussed, the methodological approaches used in conducting the studies will be reviewed.

For purposes of identifying material to be included in this chapter, a wide variety of sources has been consulted. This includes a steadily growing assortment of bibliographies (DeLay, 1973; Feldman, Loeb, Rosenbloom, & Stern, 1975; Hurt, 1975; Lystad, 1974; and Urban and Rural Systems Associates, 1975), and computer literature searches conducted by the National Institute of Mental Health under the keyword "battered child," the National Library of Medicine for "child abuse," and the Law Enforcement Assistance Administration for the keywords "child abuse, juvenile dependency and neglect, and crimes against children." In addition, reports of on-going research projects were sought through project directors. Finally, where questions remained after reading research reports, or where further comments from the authors on particular issues were felt to have potential value, direct correspondence was initiated with the authors. Approximately 20 researchers were contacted for these purposes.

Time and space limitations demanded that the present review be selective. Articles and reports were selected for intensive study to the extent that they included empirical data, and were within the scope of this report. The decision to emphasize those studies which present data is consistent with the overall focus of this report--to review research in child abuse--at the same time as it reflects the author's belief that the state of knowledge in child abuse can be most rapidly advanced through consideration of carefully collected and presented data.

Methodology

In this section a number of methodological questions and problems that confront both the researcher and the research-consumer in the field of child abuse will be discussed. The purposes of the section are to review the approaches that researchers in child abuse have taken, to provide background for the reader so that he/she will be better able to critically evaluate the material to follow and the research gaps that exist, and to offer some conceptualizations and suggestions for use in organizing and conducting research in this field.

A. Definitions of Abuse

The results of varied research efforts on child abuse can be related to each other only to the extent that the definitions of abuse that were used share common properties. Since the actual operational definitions used by researchers reflect their conceptual formulation of the problem, it is useful to briefly discuss conceptual issues in defining abuse.

Parke and Collmer (1975) have identified two basic approaches to the definition of child abuse. The first one focuses solely on the outcomes of acts, while the second includes the element of "intentionality" of the acts. The first approach has the advantage of focusing on directly observable, measurable, and even quantifiable conditions. The approach, however, appears to have two separate kinds of problems. First, by looking only at outcome, it groups together accidental and non-accidental injuries. Secondly, it excludes those incidents where a parent or caretaker might strike out at a child but fail to actually injure the child. For these reasons, most researchers in child abuse have rejected a definition solely in terms of outcome of the act.

The second main approach to definition requires that injuries be "intentionally" inflicted upon the child. The major problem with this definition is that "intentionality" can not be directly observed, and so its presence (or absence) can only be determined through inference. The criteria that are frequently used to establish that a particular child has been "intentionally" injured include: (a) admission of the act by a parent or parent substitute; (b) a statement by the child or a responsible witness; (c) evidence of previous severe injuries that were probably inflicted, or an explanation for the injuries that is incompatible with medical findings; and (d) an evaluation of the circumstances under which the incident took place.

In addition to the inaccessibility of intentionality to direct observation, another problem is that there are different kinds of intent. Buss (1971), for example, distinguishes between two major intents for aggression, "Making the victim suffer or the aggressor's acquiring some reinforcer" (p. 10). Though choosing to talk in terms of antecedent stimulus conditions rather than types of aggression, Bandura (1973) makes a similar kind of distinction. According to this formulation, aggressive behavior may either be a response to aversive experiences, or to anticipated positive consequences. In studying child abuse, the failure to discriminate between acts in response to aversive stimulus conditions and acts in response to anticipated positive consequences may result in joining together behaviors that are very similar in form but functionally quite different.

Parke and Collmer offer a third conceptual approach to the definition of child abuse. According to this approach, child abuse is not a set of behaviors "but rather a culturally determined label which is applied to behavior and injury patterns as an outcome of a social judgment on the part of the observer." This emphasis is consistent with the views of Giovannoni (1975) and Gelles (1975) but to date has received very little attention in the actual research conducted. The labeling approach emphasizes that the use of the label is a function of the values, background, and experiences of the labeler, as well as the norms of the community in general. It is important to recognize in this regard that aggressive behavior under certain circumstances may be both normative and legitimate. The use of physical punishment by parents as a means of disciplining their children poses a particularly difficult conceptual problem. While in extreme cases it may not be difficult to discriminate legitimate from illegitimate use of physical punishment, there are many cases in which such a judgment is not easy to make.

This discussion of conceptual approaches to the definition and measurement of abuse has barely touched upon the complexities involved. This is an extremely important area from a research standpoint for one very basic reason: unless a high degree of agreement can be obtained between judges on the definition of the phenomenon under study, then it becomes extremely difficult to interpret results. If such agreement is not obtained within a study, then the internal validity (Campbell and Stanley, 1966)--extent to which the results of the study are interpretable--is seriously jeopardized. If there is not some consistency between studies, then the external validity --degree to which the results of the study are generalizable--is severely limited.

At this point it remains to be determined to what extent agreement can be reached on the definition of particular circumstances as "abuse." The standard operating procedure in research in the field appears to be to ignore this problem although some researchers have specifically discussed and studied this question (Elmer, 1966; Gil, 1970; Gregg and Elmer, 1969; Jackson, 1972; Roberts, 1971) while others have gone so far as to present precise data on the inter-judge agreement obtained in their studies (Friedman and Morse, 1974; Morse, Sahler, and Friedman, 1970).

In reviewing research on child abuse for purposes of this review, it was found that approximately 25 percent of authors offered no specific operational definition of abuse. Approximately the same percentage adopted the definition of abuse made by some official agency. For example, Silver, Dublin, and Lourie (1969) used hospital diagnoses of abuse, Wright (1974) studied individuals who had been convicted of abuse in court, and Rolston (1971) sought substantiated medical or other evidence. The remaining approximately 50 percent of the studies reviewed did include specific operational definitions, although typically presenting no data on inter-judge agreement. Most of the definitions offered included the concept of intentionality, rather than focusing on outcome only, or on the process of labeling.

In summary, research in child abuse suffers in internal validity from the lack of data on inter-judge agreement in the diagnosis of abuse, and in external validity due to the use of a variety of definitions which are hard to relate to each other. Increased attention should be focused on determining the degree of inter-judge agreement in diagnosis, on examining variables affecting the labeling of acts as abuse, and on delineating operational definitions.

B. Sampling Procedures

In the study of child abuse, the selection of a sample is extremely difficult because the behavior of concern is private, illegal, and counter to community norms. This results in the use of samples that may not be representative of the population of abusers in general, thereby reducing the external validity of the study. As Newberger (1975) emphasizes, it is very important to take into account the type of sampling procedures used in interpreting the results of research in child abuse.

The greatest amount of this research has been conducted with samples selected from hospitals or from social service agencies. Other samples have been gathered from newspaper articles (DeFrancis, 1963; Gil, 1968), court cases (Nurse, 1964; Wright, 1974), referrals from various sources (Green, Gaines, and Sandgrund, 1974; Melnick and Hurley, 1969; Paulson, Afifi, Thomason, and Chaleff, 1974; Steele and Pollock, 1968; Terr, 1970), and survey procedures (Kempe, Silverman, Steele, Droegenmueller, and Silver, 1962, of hospitals and district attorneys; Gil, 1970, of citizens; Schloesser, 1964, of physicians).

Not only do differences exist between types of samples (hospital versus agency, for example) but also within each general type of setting. Hospitalized samples of abused children have been drawn from public hospitals, children's hospitals, and university hospitals, and similarly, agency samples have been selected from both public and private agencies.

With the exception of Gil's citizen survey, all research that was identified for this review has focused on cases that were reported (either to a hospital, agency, physician etc.). All of these procedures are subject to sampling biases. As Gil (1970) points out, "Since nothing definite is as yet known concerning the ratio of reported to unreported incidents, nor concerning factors associated with reporting and failure to report, it is impossible to draw reliable quantitative and qualitative inferences from reported to unreported cases" (pp. 72-73). A much discussed bias in the samples studied here is the inclusion of a higher proportion of low income families than are actually represented in the general population of abusers.

Not only is it difficult to select representative samples, but within particular settings selection biases can operate to prevent random selection of participants. This is a particular problem in follow-up studies. For example, Martin, Beezley, Conway, and Kempe (1974) were able to evaluate only 58 children out of a total of 159 in a recent follow-up study. The primary result of these problems for the research consumer is that special care has to be exercised in interpreting results of studies. Extra importance should be attached to the replication of results rather than drawing conclusions on the basis of the findings of a single study. For the researcher, it becomes essential that complete information be presented about characteristics of the sample, procedures for selecting the sample, and individuals who for one reason or another did not participate in the study.

C. Control Groups

The need for control groups in child abuse research seems to be generally recognized although not always acted upon. Researchers in other areas, however, have been extremely attentive to this need. Friedman (1972), for example, has emphasized the need for at least two types of control groups in the study of pathological conditions, like schizophrenia. He reports that unless both a normal control group, and a non-schizophrenic but pathological control group are included, interpretation of the results is difficult to make. If two pathological groups differ from each other, do they both, one, or neither, differ from a normal control group? And similarly, if a pathological and normal group differ from each other, is this difference specific to the particular pathological group studied, or is it "just some general noise in a family which is less normal or less well functioning" (Friedman, 1972, p. 40)? Griswold and Billingsley (1967) followed this procedure by comparing abusive mothers both with neglectful and control mothers; however, this practice has rarely been followed in child abuse research.

The two most frequently used comparison groups in child abuse research are accidentally injured children (Elmer, 1963, 1966, 1967, 1975; Elmer and Gregg, 1967) and neglected children (Friedman et al, 1974; Green et al, 1974; Morse et al, 1970; Sandgrund, Gaines, and Green, 1974; Weston, 1968; and Young, 1964). Other comparison groups used include patient groups in hospitals (Ebbin, Gollub, Stein, and Wilson, 1969; Lauer, Ten Broeck, and Grossman, 1974; Sattin and Miller, 1971), child psychiatric clinic clients (Paulson et al, 1974, 1975), non-abused foster children (Rolston, 1971), and mothers from similar neighborhoods as abusive mothers (Melnick and Hurley, 1969).

If the purpose of a study is to discriminate between abusers and non-abusers on particular dimensions, then it is essential that differences between the groups on background variables that may confound interpretation of the results be controlled. Otherwise, significant differences between groups may be misinterpreted as being due to one characteristic when they may really reflect differences between groups on a different characteristic. Jacob (1975), after an exhaustive review of family interaction research, has emphasized the importance of groups being matched at least on important demographic factors, such as socio-economic level, sex of child, and age of child. These would seem to be minimum criteria on which groups should be matched in child abuse research. In most child abuse research it is not possible to randomly assign subjects to groups, as is done in more "experimental" research. As a result it is very difficult to obtain well matched groups. It is possible, however, to control for the effects of differences in these background variables through the use of statistical procedures such as analysis of covariance (Campbell and Stanley, 1966;

Kerlinger, 1973). This procedure has been used very effectively by Roberts (1971) in a study of judgments of caseworker, but otherwise has been very rarely used in child abuse research.

D. Measures

The primary data base for research in child abuse has been existing records either of a social service agency, a hospital, or a court. The data are gathered directly from case records. There are several problems, however, in the use of case record material. First, since the data are entered into the records by many different workers, the information recorded often is variable. Second, much of the information of most concern in child abuse is based on general observations and impressions of the worker; it is difficult to determine the accuracy of this material. Third, since the pioneering research of Rosenthal (1966), there has been considerable concern about the problem of bias on the part of the experimenter and/or observer. One typically used procedure to control for this is to keep the observers or judges unaware of the status of a particular family while the data are being collected (Jacob, 1975). This is obviously not possible with actual clinical records where the worker is aware of the status of the client or patient while gathering the data. As a result, there is a definite possibility that the worker's preconceptions may affect the objectivity of the observations made, and the information recorded.

To a large extent these same problems affect measures gathered through interview procedures. Green, Gaines Sandgrund, and Haberfeld (1974) specifically acknowledge this problem in their study using data gathered from psychiatric interviews but felt that it was "inadvisable to subject each child to a second interview" (p. 5), and they did not have two-way vision screens or video-taping available. These researchers did take the very important step of having the psychiatric interview and the psychological testing done in a blind manner with no information on the child's history available (Sandgrund et al, 1974), a practice also followed by Holter and Friedman (1968b), Morse et al (1970), and Friedman et al (1974).

A number of researchers have utilized psychological tests as a more objective means of data collection (Elmer and Gregg, 1967; Griswold and Billingsley, 1967; Martin, 1972; Martin et al, 1974; Melnick and Hurley, 1969; Paulson et al, 1974, 1975; Rolston, 1971; Sandgrund et al, 1974; Wright, 1974). Direct observation procedures have been used on just a few occasions and then in relatively unstructured ways (Friedman and Morse, 1974; Holter and Friedman, 1968a; Morse et al, 1970; Terr, 1970). Terr (1970) Steele and Pollock (1968), and Green et al (1974a, 1974b) gathered data during therapeutic sessions with patients while DeFrancis (1963) and Gil (1968) used newspaper accounts of incidents of abuse as sources of data. Weston (1968) studied fatally injured abused children while a number of other researchers have performed general pediatric examinations (Gregg and Elmer, 1969; Martin, 1972; Martin et al, 1974).

It appears from this brief review of the types of measures used that although many authors have simply relied on information gathered from case records or central registries, there still has been considerable variety. There is a great need at this time for increased rigor in data collection procedures, particularly to control for biases that might affect the accuracy of the data collected. It is recommended that increased use be made of direct and systematic observation of behavior. Some very useful procedures for direct observation have been developed and applied in related fields of research, and would seem to be potentially valuable in child abuse research as well. See the reviews of Riskin and Faunce, 1972; Haley, 1972; and Jacob, 1975; Patterson and his program of research (Patterson, 1973, 1974; Patterson and Cobb, 1973); and recent developments in infant research (Brown and Bakeman, 1974; Kennell, Jerauld, Wolfe, Chesler, Kreger, McAlpine, Steffa, and Klaus, 1974; Parke and Sawin, 1975; Ringler, Kennell, Jarvella, Navojosky, and Klaus, 1975).

E. Research Design

In their reviews of research designs, both Campbell and Stanley (1966) and Kerlinger (1973) are quick to distinguish between experimental designs and ex post facto designs. "An experiment is taken to mean a scientific investigation in which an investigator manipulates and controls one or more independent variables and observes the dependent variable or variables for variation concomitant to the manipulation of the independent variables" (Kerlinger, 1973, p. 315). On the other hand, "Ex post facto research is systematic empirical inquiry in which the scientist does not have direct control of independent variables because their manifestations have already occurred or because they are inherently not manipulable" (Kerlinger, 1973, p. 379). Therefore, as Spinetta and Rigler (1972) and Gelles (1973) point out, most of the research in child abuse is ex post facto. The experimenter is not free either to manipulate any independent variables or to randomly assign subjects to groups. These limitations of ex post facto research heighten the risk of improper interpretation of results.

In order to enhance both the internal and external validity of ex post facto research, several steps should be taken. First, the researcher should state clear and specific hypotheses about the significant relationships that are expected to occur. This prevents over interpretation of significant differences between groups where multiple measures have been used, and where it is to be expected that by chance alone some significant differences between groups will occur. Second, specific hypotheses should also be presented about the lack of relationships that are expected to occur. Third, care should be taken to insure, either through matching or through the use of appropriate statistical procedures, that differences are not due to differences between the groups on variables that are extraneous to the study but related to the measures being gathered (as, for example, when differences between groups in occupation status are interpreted without taking into account possible background differences on dimensions like education). Fourth, interpretations of significant results should be made very conservatively, and attempts should be made to replicate findings.

Not all research in the field of child abuse has been ex post facto. Several longitudinal studies are currently in progress (Brown and Bakeman, 1974; Kent, 1975; Schneider, 1974). This approach has the clear advantage that since the data are collected prior to the occurrence of the critical incident, it is easier to interpret the relationship between occurrence of the event and other variables. The main problem with this strategy for the study of child abuse is that the relatively low rate of occurrence of abuse makes this approach very costly and time-consuming. This problem can be handled somewhat by focusing on families that are felt to be of high risk for abuse, e.g., have a higher base rate of abuse, and by studying them during particularly critical time periods in the family development.

Survey research has also been conducted in the field of child abuse

(Gil, 1968, 1970; Johnson, 1974). While this approach is valuable for purposes of studying incidence of abuse and characteristics of abusers, it is subject to the same types of limitations as ex post facto research in providing explanations for abuse.

An additional research approach that would potentially appear to be of value for the study of child abuse is the analog approach. This strategy is frequently used to study behaviors which are not directly amenable to experimental research due to ethical or practical limitations. In some cases it can involve using infra-human subjects to study abuse directly; in other instances it can involve studying mild forms of aggression between humans under controlled laboratory conditions. In fact, Goldstein, Davis, and Herman (1975) have recently pointed to their laboratory study on the escalation of aggression as having implications for an understanding of child abuse. The major problem with the analog approach is one of external validity. In many cases it is a large inferential step to extrapolate from the results with infra-human subjects or with mild forms of a phenomenon to the actual behavior in its full intensity in the natural environment. Bandura (1973) discounts this objection to laboratory research, however, saying that, "Laws are formulated on the basis of simulated conditions and then evaluated in terms of how well they enable one to predict and control phenomena as they occur under natural circumstances" (p. 63). It would certainly appear that with a complex problem such as child abuse, the use of the analog approach has clear advantages, provided the conclusions drawn from the laboratory are amenable to being tested in the natural environment.

For the most part, in the preceding discussion on methodological issues in child abuse research the use of the terms "cause" and "effect" has been avoided. This has specifically been done because these terms carry varied meanings for different people and are often misunderstood (see Hirschi and Selvin, 1967, for an excellent discussion of this problem).

To the researcher the concepts of cause and effect essentially become translated to a discussion of the relationship between variables. In order for the researcher to assume that a relationship is causal, three conditions must be satisfied. First, it must be shown that the two variables are statistically associated. This is generally the easiest condition to satisfy, and may be met through ex post facto research as well as experimental research. Second, it must be demonstrated that the variable assumed to be a "cause" has in fact occurred prior to the "effect." While this does not present a problem for experimental research where the independent variable is controlled by the experimenter, it may pose a serious difficulty for ex post facto research. If it is found, for example, that abused children tend to be socially withdrawn, can it be concluded that abuse causes withdrawn behavior, withdrawn behavior causes abuse, or neither? Unless it can be demonstrated that these children were not withdrawn prior to being abused, it cannot be concluded that abuse produces withdrawn behavior. Within the field of child development, considerable debate has taken place on precisely the question of the directionality of effects in the study of parent and child behavior (Bell, 1968, 1971; Hoffman, 1975). The third condition that must be satisfied in order to infer a cause and effect relationship between variables is that there are not other variables that account for the relationship. Hirschi and Selvin (1967) refer to this criteria as the "lack of spuriousness" (p. 38). A relationship between two variables is considered to be spurious if it disappears when the effects of other variables that occurred prior to these are removed. It has been demonstrated in the child abuse research, for example, that abused children are more likely to have been low in birth weight than controls (Stern, 1973). Just this amount of information is sufficient to satisfy only the first two conditions that must be met before a causal interpretation can be drawn. It might be found, for example, that parents of abusive children had received less care during pregnancy. It might be, however, that the relationship between birth weight and child abuse would disappear when groups were matched on the amount of care received by the mother during pregnancy. If this were the case, then one could conclude that the relationship between the conditions of birth and child abuse was spurious, and it would be inappropriate to talk in terms of cause and effect. In many instances it becomes very difficult to unravel the relationships between variables in order to permit causal inferences. Statistical procedures such as path analysis (Blalock, 1961) and cross-lagged panel coefficients (Campbell and Stanley, 1966; Jones, 1974) are of some value in determining the directionality of relationship between a group of variables. It appears, however, that as long as most research in the field of child abuse is of an ex post facto nature it will be difficult to determine causal relationships. It is recommended that increased use be made of longitudinal experiments, and analog approaches to abuse for purposes of permitting more precise determination of the variables affecting abuse.

Framework for Organizing Research on Child Abuse

At this point the focus of this chapter will change from a consideration of methodological issues in child abuse research to a review of substantive findings. The primary means of organizing and reviewing these findings will be in terms of the different kinds of variables or characteristics studied. Characteristics of the abused child, of the abuser, of the family, of the situation, and of the society will be reviewed in that order. The framework that is presented here for organizing child abuse research should not be viewed as a causal model; rather it is simply a means of presenting the findings in a manner that is comprehensive, useful for purposes of identifying gaps in the existing research, and of value for determining the relationship between abuse and various classes of variables. The data presented in this review may potentially serve two general purposes. First, although this model is not designed to be a causal model, it will permit the development of causal inferences to the extent that adequate research practices have been followed. Second, even where that is not possible, the data should be of value for the identification of target groups and/or target situations for interventions.

In discussing research in the area of juvenile delinquency, Hirschi and Selvin (1967) state a general goal that is equally applicable to research in child abuse. "The goal of delinquency research should not be to find the relation between variable X and delinquency, but to learn how and under what conditions variable X does or does not affect delinquency" (p. 30). This suggests that with complex problems there are very few simple relationships that exist. Rather the effect of a particular variable is likely to vary under different conditions. Complex relationships between variables such that the effect of one variable is different under different levels of the other variable (or variables) are called interaction effects. Within recent years increased attention in the field of personality assessment has been paid to the importance of interaction effects as opposed to simple main effects of variables (Mischel, 1968, 1973; Averill, 1973; Endler, 1975). In reviewing the results of child abuse research, the interaction effects of variables will receive considerable attention. It is not possible, however, within the limited space available, to give adequate attention to all possible interaction effects; the reader is cautioned, though, to be wary of deceptively simple explanations for a complex problem such as abuse.

Characteristics of Abused Children

This section on characteristics of abused children has both practical and theoretical significance. From a practical standpoint, it has direct implications for the identification of groups specially at risk, and towards whom preventive or treatment programs should be directed. Its theoretical significance has to do with the debate over the role of the child in eliciting parental behavior versus the role of the parent in shaping the child's behavior (Bell, 1968, 1971; Hoffman, 1975).

The very first characteristic to be examined, age of child, shows clearly the effect that sampling procedures may have on research findings in abuse. While data on the age of abused children gathered from hospital samples consistently show a high percentage of young children (for example, Ebbin et al, 1969; Heins, 1969; Lauer et al, 1974; Paulson and Blake, 1969; and Zuckerman, Ambuel, and Bandman, 1971; all found at least 60% of abused children to be under three years of age), samples of agency clients show a higher percentage of older children (Gil, 1968; Gil, 1970; Johnson, 1974; Thomson et al, 1971; all found 36% or fewer of the children to be under three years of age). The hospital samples all show at least 69% of the children under six years of age while the agency samples show between 45 and 57% under six years old. These results clearly show that age differences do appear as a function of sampling procedures, and make it difficult to generalize from findings with one type of sample to all abuse.

One consistent finding across sampling procedures is that younger abused children are injured more seriously than older abused children (DeFrancis, 1963; Gil, 1968; Gil, 1970; Schloesser, 1964). This is a potentially significant finding in terms of the identification of target group for special programs.

There appear to be no pronounced differences between boys and girls in likelihood of being abused. While boys are slightly over-represented in about 75% of the studies presenting such data, these differences are not large scale and tend to disappear in studies in which control groups have been used (Ebbin et al, 1969; Holter and Friedman, 1968b; Lauer et al, 1974). There appears to be a slight sex by age interaction effect. Using data gathered from official records, Gil (1970) and Johnson (1974) both found a higher percentage of boys in the young age group, and a higher percentage of girls over the age of 12. In contrast to these data, sex by age interaction effects are not evident in the hospital samples utilized by Birrell and Birrell (1968), Ebbin et al (1969), Paulson and Blake (1969), and Thomson et al (1971).

In the large majority of studies which have reported data on ethnic background of abused children, no discernible pattern of over-representation by any group was found (Billingsley, 1976; Ebbin et al, 1969; Gil, 1968; Griswold and Billingsley, 1967; Heins, 1969; Lauer et al, 1974; McHenry, Girdany, and Elmer, 1963; Schloesser, 1964; Young, 1964). In contrast to these findings, Gil (1970) and Johnson (1974) found an over-representation of blacks in their samples based on official records; however, caution in interpreting this is advised in view of the variability in reporting patterns (Light, 1973). There is some suggestion in the reports of Adelson (1961), Weston (1968), and Wooley and Evans (1955) of a sex by race interaction effect with a higher percentage of white males and black females being abused. This relationship should be further replicated, however, since it primarily represents post hoc analyses of data.

Data on rate of pre-marital conception and births-out-of-wedlock have been presented by numerous authors (Bennie and Sclare, 1969; Bryant, Billingsley, Kerry, Leffman, Merrill, Senecal, and Walsh, 1963; Gil, 1968; Holter and Friedman, 1968b; Johnson and Morse, 1968; Lukianowicz, 1972; Nurse, 1964; Smith, Hanson, and Noble, 1974; and Terr, 1970). The data on pre-marital conceptions are difficult to interpret because sample sizes are small, control groups are lacking, and the two largest studies done in the United States were done in the early 1960s, before birth control and abortion became more readily available. The data on births out of wedlock do not suggest that this is an important variable in child abuse, despite one strong finding of significant differences reported by Smith et al (1974) on a sample of young children in England.

A related area of interest that has generated much discussion recently has to do with the effect of prematurity and/or low birth weight on the likelihood of subsequent abuse. The research data consistently show that premature and/or low birth weight children are more likely to be abused (Brown and Bakeman, 1974; Elmer and Gregg, 1967; Klein and Stern, 1971; Silver, Dublin, and Lourie, 1971; Skinner and Castle, 1969; and Stern, 1973).

The range of prematurity or low birth weight in the child abuse groups reported by these authors is from 12% to 32.5%. These percentages were obtained with samples of young children with whom the effects of birth conditions are likely to be greatest. It remains to be empirically determined if the relationship between conditions of birth and child abuse diminishes with older children.

In view of the demonstrations that have been made that infant behavior affects parental behavior (Bell, 1971, for example), it follows that to the extent that premature or low birth weight infants are more likely than normal infants to be irritable, respond poorly to nurturance, and be difficult to comfort, they should evoke more negative responses (and presumably more abuse) from their parents than normal infants. Pederson (1975) has shown a significant relationship between irritability of a baby boy at three days, and father's negative affect toward him. Significant relationships were also obtained by Pederson between alertness and motor maturity of the baby boy at three days old, and mother's competence in feeding him at age four weeks. These findings, which interestingly enough were not found for baby girls, support the hypothesized linkage between conditions of birth, behavioral characteristics of the infant, and parental responses to the child.

It has also been pointed out that premature or low birth weight infants typically require more medical treatment (and perhaps even prolonged hospitalization) than normal infants (Stern, 1973). One result of this is that the infant may be separated from his mother at a particularly important time in the development of their relationship--at a "critical" time in the development of "attachment" (Stern, 1973). This formulation has part of its origin in analog experiments with infra-human subjects (see Kennell and Klaus, 1971;

Klaus and Kennell, 1970 for review of this). It remains to be determined to what extent the results from these studies with infra-human subjects will generalize to humans.

Numerous authors have presented data on the existence of physical and general developmental deviations in abused children (Ebbin et al, 1969; Elmer and Gregg, 1967; Gil, 1968, 1970; Gregg and Elmer, 1969; Holter and Friedman, 1968b; Johnson and Morse, 1968; Terr, 1970; and Wight, 1969). The rather clear conclusion from these studies is that abused children have a higher percentage of physical and developmental problems than children in comparison groups. It is difficult to determine whether a cause and effect relationship exists between these variables however. It may very well be that the abuse and physical problem are both a result of deficient parenting rather than one causing the other; this may particularly be the case with abused children who also show growth failure.

Abused children have also been found to show a high frequency of intellectual deficits (Ebbin et al, 1969; Gil, 1968, 1970; Johnson, 1974; Johnson and Morse, 1968; Sandgrund et al, 1974). It is important to note, however, that the magnitude of this effect is not large, and that abused children were found with intellectual levels in the high normal and above normal range.

There has been less systematic research on the behavioral and emotional characteristics of abused children than on other characteristics. Although some work has been done (Galdston, 1971; Gil, 1970; Green et al, 1974b; Johnson, 1974; McRae, 1973; Merrill, 1962), it is not sufficient to permit any conclusions to be drawn. This is an important area for additional work, especially as greater recognition is given to the role that the child plays in shaping the behavior of the parent.

An important question from both a practical and theoretical standpoint has to do with the frequency with which more than one child in a family is abused. It has previously been assumed that in most cases only one child in a family is singled out for abuse. The results of several studies clearly question whether this is the case, however. For example, Silver et al (1969) found that siblings were also abused in 19 of 34 cases (55.9%). Lauer et al (1974) found that 53% of abused children who had siblings had one or more who were believed to have been abused, abandoned, or severely neglected, and Skinner and Castle (1969) found that of 41 families with complete data and more than one child, 20 (49%) battered more than one child. Gil (1970) found that in 27.1% of current incidents, siblings were also involved. These data bring into question the assumption that only one child in a family is abused, and suggest that in these cases the abuse may not be directly related to particular characteristics or behaviors of the child.

Characteristics of the Perpetrator

One of the most interesting and important questions in the child abuse field has to do with the relationship between the victim and the abuser. In general, however, there does not appear to be any consistent pattern to this relationship between perpetrator and child. Mothers and mother substitutes have typically been found to be involved more frequently than fathers or father substitutes: however, this has been confounded by the fact that there are considerably more fatherless homes than there are motherless homes. This is very clearly illustrated by the findings of Johnson (1974) in her survey of abuse in the Southeast. While her overall data show a higher percentage of cases involving the mother than the father, of 965 biological mothers living in the injured children's home 41.1% were responsible for the abuse, while of 648 fathers in the home, 56.9% were reported to have performed the abuse. In a number of studies with a variety of sampling procedures it has consistently been found that at least 80% of incidents of abuse were perpetrated by a parent or substitute.

While there does not appear to be a strong main effect of relationship of perpetrator to victim, several studies consistently point to the sex of victim by relationship interaction effect (Johnson, 1974; Paulson and Blake, 1969; Rodenburg, 1971; Skinner and Castle, 1969). In all of these studies, fathers were more likely to injure boys than were mothers, while mothers were more likely to injure girls. Since two of these studies were conducted with non-United States samples (Skinner and Castle, and Rodenburg) and the interaction effect was only significant in two of the four studies (Rodenburg and Johnson), this relationship should be further studied before any conclusions are drawn.

There are also indications of an interaction effect between age of abused child and relationship of perpetrator to the child (Button and Reivich, 1972; Resnick, 1970; Rodenburg, 1971; Silver et al, 1971). Mothers appear to be more likely to abuse younger children while fathers are more likely to be the perpetrator in cases of abuse of older children. It also appears from several studies that mothers are more likely to inflict serious injuries and to be repeated abusers than fathers (DeFrancis, 1963; Gil, 1968; Johnson, 1974; Johnson and Morse, 1968; Rolston, 1971; Weston, 1968).

Studies in which the age of the perpetrators is reported show a wide age span. The greatest concentration is consistently in the 20 to 25 year period (Gil, 1968; Johnson, 1974; Schloesser, 1964), with sizeable percentages of younger and older parents also abusing their children.

One topic that has received considerable discussion in the literature on child abuse is the abuser's history. Unfortunately, however, this attention has rarely taken the form of well-controlled research investigations. One of the better studies in this regard was conducted by Griswold and Billingsley (1967) with white mothers who were receiving Aid to Families with Dependent Children. Out of fourteen comparisons that were made between abusive, neglectful, and control mothers, significant differences were found on but one measure, a finding which the authors acknowledge could likely occur by chance alone.

Probably the characteristic of the abusive parent's history that has been discussed most frequently is involvement in abuse or neglect as a child. For example, Fontana (1971) reports that "A large number of these parents were battered by their own parents, and the battered child of today often becomes the battering parent of the future, thereby creating a vicious cycle of violence breeding violence" (pp. 197-198). The amount of data that has been presented dealing directly with this question at this point is minimal. This strongly held position within the field of child abuse appears to be based primarily on the clinical observations and reports of a number of influential writers in the field, and is buttressed by a series of studies in which assaultive (or murderous) adults or adolescents were examined (Climent and Ervin, 1971; Duncan, Frazier, Litin, Johnson, and Barron, 1958; Easson and Steinhilber, 1961; Erlanger, 1971; Satten, Menninger, Rosen, and Mayman, 1960; and Sendi and Blomgren, 1975).

Several researchers have presented data on the level of intellectual functioning of perpetrators (Gil, 1970; Scott, 1973; Smith, Hanson, and Noble, 1973; Stelle and Pollock, 1968; Wright, 1974). These studies indicate that abuse seems to be performed by individuals with a wide range of intellectual abilities. While abusers do not seem to be particularly deficient in intellectual functioning relative to the general population, there are some indications that in comparison to matched control groups they do not perform as well on IQ tests (Smith et al, 1973a; Wright, 1974).

In terms of psychiatric status of abusers, it has been pointed out by Spinetta and Rigler (1972) that, "There has been an evolution in thinking regarding the presence of a rank psychosis in the abusing parent" (p. 299). While in the late 1950s and early 1960s, considerable emphasis was placed on psychotic conditions as causative factors of abuse, in recent years this emphasis has diminished. At this point, most data seem to be consistent with Kempe's report (Kempe, 1973; Schmitt and Kempe, 1975) that the abusing parent is psychotic in only a small percentage of the cases. Results of studies by Boisvert (1972) and Delsordo (1963) are in agreement with Kempe's estimate of approximately five percent psychotic. Attempts to describe abusers in terms of psychiatric diagnostic categories have found that the abusers constitute a varied group (Blumberg, 1974; Burland, Andrews, and Headsten, 1973; Steele and Pollock, 1968, for example).

An area in which consistent findings have been obtained has to do with the social and community relationships of abusers. Helfer (1973) has indicated that an important factor in abuse is a general social isolation of the abuser, and specifically an inability to use other people to help in times of distress. This position has been supported by the findings of

Bryant et al (1963), Nurse (1964), Holter and Friedman (1968a), Elmer (1967), and Smith et al (1974).

A number of researchers have sought to determine "which parents abuse children?" (Fontana, 1971), and what are the "distinctive personality attributes of child-abusing mothers" (Melnick and Hurley, 1969). The results of these inquiries have failed to identify clear personality characteristics of abusers. For example, several investigators have used the MMPI in an attempt to measure the personality characteristics of abusers (Griswold and Billingsley, 1967; Paulson et al, 1974, 1975; Wright, 1970, 1974). The results of these studies have not been entirely consistent with each other, particularly in regard to the performance of abusive parents on the validity scales. About the only conclusion that can be drawn from them is that, "Not one homogeneous profile pattern on the MMPI identifies the abusing parent" (Paulson et al, 1974, p. 389). A general pattern of research into personality characteristics of abusers that appears to be non-productive has been the tendency to focus on global personality characteristics. Steele and Pollock report that, "Child abusers have been described as 'immature,' 'impulse ridden,' 'dependent,' 'sado-masochistic,' 'egocentric,' 'narcissistic,' and 'demanding.' Such adjectives are essentially appropriate when applied to those who abuse children, yet these qualities are so prevalent among people in general that they add little to specific understanding." (p. 109). Critics of attempts to identify distinct personality characteristics of abusers have included Gelles (1973), who has maintained that the results of such efforts have been inconsistent and contradictory, and Parke and Collmer (1975) who have criticized these efforts for being "tautological" in their conclusions, and not adding to the general understanding of the conditions producing abusive behavior.

It may be that the main reasons why the research attempts to identify personality traits that distinguish abusers from non-abusers have not had great success is simply due to methodological deficiencies. However, it is important to bear in mind that the concept of stable and enduring personality traits which exercise considerable control over behavior is currently being re-examined by personality theorists. Mischel (1968, 1973) has maintained that the behavior of people across situations is far less consistent than had been previously assumed, that the impact of the situation itself is greater in relation to the influence of personality traits than had previously been assumed, and that continued emphasis on the study of traits may be non-productive. If this position is correct, and it is currently the subject of much discussion (Averill, 1973; Bowers, 1973; Endler, 1975; Golding, 1975), then the implication for the field of child abuse is to place greater emphasis on contextual variables and on the interaction of situational variables with personality traits and less emphasis on the search for personality traits alone.

Characteristics of the Families

A. Family Structure

According to United States census figures (Statistical Abstract of the United States, 1974), the percentage of white families with a female head for the years 1965, 1970, and 1972 respectively were 9.0, 9.1, and 9.4. For black families during the same time period, the comparable percentages were 23.7, 26.7, and 30.1. In comparison to these general figures, it appears that both for white and black abusive families, there is an over-representation of homes without a married male and female (Gil, 1970; Johnson, 1974). The extent of this over-representation is most marked in the hospital sample of Ebbin et al (1969) where only 39.3 percent of white families, and 25 percent of black families had married parents in the home. The abusive group was significantly different from an outpatient population control group in this respect (at the .001 level of significance). It is hard to interpret this result of Ebbin et al, however, since the magnitude of the difference is considerably greater than found by other researchers, and since it represents the only general hospital sample for which this information was presented.

The percentage of abusive families in which the natural mother was in the home has been consistently found to be over 80 percent (Ebbin et al, 1969; Gil, 1968; Johnson, 1974: Michael, 1972; Skinner and Castle, 1969). On the other hand, these same studies show consistently more variability in the percentage of natural fathers in the home, ranging from a low of 34% (Ebbin et al) to a high of 79.5% (Skinner and Castle, 1969) in England. The practical significance of these structural features of abusive families remains to be determined.

Although several studies present data on the age of the parents at the time of the abusive incident (Gil, 1968, 1970; Johnson, 1974; Lauer, 1974), data on parental age at time of the child's birth has not been typically given. Smith, Hanson, and Noble (1973a) in England, and Holter and Friedman (1968a) have presented data, and have found a high percentage of parents who were under 20 years of age at the time of the birth of their first child. The data of Holter and Friedman suggest not only early marriages, and children at an early age, but also very little separation in age between kids. Concern about early pregnancies has been expressed by many writers (Braen and Forbush, 1975; Hartley, 1971; Johnson, 1971; Klerman, 1975; Presser, 1974, for example), and the variable of child density has recently come under greater scrutiny (Figley, 1973; Hurley and Palonen, 1967; Miller, 1975). In support of these concerns, it has been found by Sears, Maccoby, and Levin (1957) that younger mothers used physical punishment with their child significantly more than older mothers, and that women reported more favorable responses to pregnancy the greater the time interval between children. Further, Russell (1974) found that older men were less likely to experience the transition to parenthood as a "crisis" than were younger men. No differences for women as a function of age were found by Russell. In view of these findings, it would certainly appear that appropriate target groups for preventive services might be young parents, and especially parents with several children spaced closely together.

It has also been found that the number of children in abusive families tends to be greater than in the general United States population (Gil, 1968, 1970; Johnson, 1974). The one exception to this finding was in a study reported by Michael (1972) with a university hospital sample in which 85 percent of the children were under two years of age. The magnitude of difference between family size in abusive families and in the general population has been found to vary between about two percent (Johnson, 1974) and 20 percent (Gil, 1970).

There has also been much discussion on the related topic of the ordinal position of the abused child. However, most examinations of the relationship between abuse and ordinal position are difficult to interpret because they have failed to control for important variables such as family size, sex of siblings, and age intervals (see Farley, 1975 and Mitchell and Schroers, 1973 for a discussion of the importance of these variables). In addition, appropriate control groups have frequently been missing. Still, the data presented by Johnson (1974), Michael (1972), Burland et al (1973), Gregg and Elmer (1969), Elmer (1967), Thomson (1971), Gil (1968), Smith et al (1974), Gil (1970), and Skinner and Castle (1969) can be cautiously interpreted to suggest that first born children are particularly at risk. An analysis of Gil's data by Light (1973) has reached a different conclusion --that first-born children were not over-represented in abuse. However, it appears that the analysis by Light was confounded by the fact that abused children tend to come from larger families than are found in the general population. One implication of the finding that first-born children tend to be more at risk is that educational programs for parenthood should be further developed.

B. Patterns of Interaction between Family Members

A consistent finding has been that there is a high degree of marital strain in abusive families (Elmer, 1967; Lukianowicz, 1971, 1972; Melnick and Hurley, 1969; Nurse, 1964; Smith et al, 1974; Thomson et al, 1971; Young, 1964). Several authors went beyond just reporting marital discord, and found actual physical conflict between husband and wife (Green, Gaines, and Sandgrund, 1974; Nurse, 1964; Young, 1964).

The role of the spouse who does not actually perpetrate the abuse has been the subject of much discussion. Young (1964) describes the passive parents as behaving "as if they were prisoners of the other marriage partner, hopelessly condemned to a life sentence" (p. 49). Paulson et al (1974) used the term "passive abusers" to describe those spouses "who either were aware of the risk of potential abuse and made no intervention, or in an indirect manner participated passively in the maltreatment" (p. 388). Terr (1970) reports extreme dominant-submissive relationships in nine of ten couples studied while Steele and Pollock (1968) emphasize the dependency between partners. In an article on violence among intimates, Goode (1969) emphasizes how difficult it is to terminate a marital relationship in spite of how much pain the relationship may cause. One consequence of this, he points out, "is that many people remain in a relationship which they have come to detest and which they know may even be physically dangerous. . . Locked in but suffering from it, couples may engage in fighting that is savage and even lethal" (p. 958).

It is significant to note that there has been an increased interest in recent years in studying violence between family members (Goode, 1969, 1971; Lystad, 1975; Steinmetz and Straus, 1974). A common feature of family life, as opposed to non-family relationships, is the combination of frequent close contact between members and the difficulty in terminating relationships. Kempe (1973) emphasizes the importance of creating channels for terminating not only marital relationships but also parental relationships. "We must acknowledge as a socially acceptable situation that a parent can admit she cannot mother her child for one reason or another" (Kempe, 1973, p. 804).

Within the literature on child abuse, the amount of discussion of parent-child interaction exceeds by a considerable degree the amount of well-controlled research on this subject. A concept discussed frequently, for example, is "role-reversal." Morris and Gould (1963) introduced this concept, defining it as "a reversal of the dependency role, in which parents turn to their infants and small children for nurturing and protection" (p. 28). While this concept has been influential within the field, it has not yet been operationally defined and directly studied. Similarly, Steele and Pollock (1968; Pollock and Steele, 1972) have identified as the two basic elements in abuse "a high expectation and demand by the parent for the infant's performance and a corresponding parental disregard of the infant's own needs, limited abilities, and helplessness" (Stelle and Pollock, 1968, p. 109-110). These important notions, which appear to make intuitive sense to workers in the field of child abuse, also remain to be defined operationally and directly investigated in well-controlled research.

Another topic that has been discussed extensively has been the relationship between abuse and parental disciplinary procedures. In particular, the relationship between the use of physical punishment and abuse has been debated. The strongest proponent of the position that many cases of abuse result from "what is considered appropriate child-rearing behavior which becomes extreme due to chance factors" (Gil, 1973, p. 13) has been Gil (1970, 1971, 1973, 1975a, 1975b). Wright (1970) also suggests that of those abuse cases which do not involve battery, the most common cause is "overzealous punishment" (p. 14), while Friedman (1972) conceptualizes abuse as an extension of more or less acceptable disciplinary procedures.

A review of the limited research that has been conducted on the use of punishment by abusive parents raises some questions about the relationship between punishment and abuse. Melnick and Hurley (1969), for example, found that abusive mothers scored significantly lower than control mothers on the Manifest Rejection scale, a scale that has been shown to correlate with direct reports by parents that they apply overtly punitive acts to their children. Wight (1969) found no differences in frequency of use of physical punishment in a study of parent-child interactions following different types of accidents. He did find, however, that mothers whose children had been struck tended to use punishment for demanding and disobedient behavior while parents in open field and dropped accident groups used punishment more often for exploratory behavior that they considered dangerous. Elmer (1967) also found no difference in frequency of punishment between abusive and control parents, but did find that abusive families used a broader range of disciplinary procedures, "which suggests that they were desperately trying to find some way to manage their children" (Elmer, 1967, p. 31). Nurse (1964) reports that only 5 of 20 families in her study used physical punishment customarily as a disciplinary technique while Young (1964) found an excessive use of both verbal and physical punishment in her study. Young reports that, "Despite the emphasis on punishment in abusing families, there was the same lack of consistent rules for behavior. In other words, parental punishment of children was divorced from the specific behavior of the children" (p. 181).

Clearly, additional research needs to be done in the area of parent-child interactions. While the existing data cast doubt on the contention that abuse is an outgrowth of excessive use of punishment, they do support the observation (Tracy and Clark, 1974) that abusive parents are less consistent and generally less effective in controlling the behavior of their children. The importance of consistency has been noted by several researchers in the field of punishment (Azrin and Holz, 1966; Johnston, 1972; Parke and Collmer, 1975).

The use of physical punishment by parents needs to be further studied not only in relation to its short-term efficacy in suppressing undesired behavior but also in terms of its long-term effects. Bandura (1969) has proposed that parents who use physical punishment with their children are actually modeling aggressive behavior, and as a result should produce more aggressive children than parents who do not rely upon physical punishment. Precisely this relationship between punishment by parents and aggression by children has now been demonstrated by several researchers (Bandura and Walters, 1959; Eron, Huesman, Lefkowitz, and Walder, 1974; Lefkowitz, Walder, and Eron, 1963; Sears et al, 1957, for example). Erlanger (1971) has presented data which suggests that a relationship does exist between minor aggressive behavior as an adult, and frequency of being physically punished as a child; however, he also found that the relationship was of relatively low magnitude, and that "most of the frequent aggressors were not subject to frequent corporal punishment as a child" (pp. 213-215). Using self-report data gathered as part of the activities of the President's Commission on the Causes and Prevention of Violence, Erlanger did find a stronger relationship between frequency of corporal punishment as a child and involvement in serious aggression as an adult.

It has been pointed out by Yarrow (1973) that specific childrearing events and practices "can have a weak impact on child behavior, a strong impact, or no impact at all depending on the systems or contexts of which they are a part. There is no room for simplistic answers on child-rearing issues" (pp. 217-218). Likewise, there would not seem to be any simplistic relationships between as complex a problem as abuse and child-rearing practices. It certainly seems important to increase research in this area in order to try to unravel the complex interaction effects involving child-rearing practices and abuse.

Characteristics of the Situation

This section will review findings on circumstances actually surrounding the abusive incident. This is an area of child abuse that has been discussed less frequently than most. Since data on the abusive incident cannot be gathered directly, researchers have relied primarily upon the verbal report of participants. Both Buss (1971) and Megargee (1970) raise serious questions about the validity of this type of report. Megargee emphasizes that the report is coming not only from observers who are untrained, but also who may have reasons to distort events in order to justify their own behavior.

One of the most important contributions to the understanding of the circumstances surrounding the abusive incident comes from Gil's (1970) nationwide survey of reported cases. For the 1380 cases of his sample cohort, social workers prepared a separate checklist of circumstances which may or may not have been present. The type that was most frequently present involved disciplinary action taken by caretakers either in response to real or perceived misconduct of the child, or the caretaker's anger. "Nearly 63% of the cases were checked as 'immediate or delayed response to specific act of child,' and nearly 73% were checked as 'inadequately controlled anger of perpetrator'" (Gil, 1970, p. 126). Altogether, Gil identified 14 types of circumstances which were then factor analyzed in order to empirically derive a typology. The following seven factors were identified: (1) pyschological rejection; (2) anger and uncontrolled disciplinary response; (3) male babysitter abuse; (4) personality deviance and reality stress; (5) child-originated abuse; (6) female babysitter abuse; and (7) caretaker quarrel. It is of interest to note that the types of "repeated abuse" and "battered child" were heavily loaded on the same factor (psychological rejection). In general, the relative frequencies of the various types of circumstances was consistent with an earlier finding by Gil (1968) that "Severe disciplinary measures taken in response to misconduct of victims, as perceived by the perpetrator, constitute the most prevalent factor of abuse" (p. 224).

Johnson (1974) provides additional data on the circumstances surrounding the abusive incident. In her study of officially reported cases in the Southeast, she found that in 74.4% of the incidents, the child had been previously abused. The most frequently checked circumstances were: mounting stress--33.4%; immediate or delayed response to act of child--30.6%; mental or emotional deviation of perpetrator--26.8%; and inadequately controlled anger of perpetrator--24.3%. Thomson et al (1971) obtained similar data on reported cases. The most frequently identified characteristics were: immediate or delayed response to specific act of child--56.6%; and inadequately controlled anger of perpetrator--32.3%. No other circumstance was checked more than 16% of the time despite the fact that in this study, as in the studies of Gil and Johnson, more than one item per incident could be checked.

Several other authors provide data or statements concerning the circumstances surrounding the incident of abuse. DeFrancis (1963) reports that, "In the vast majority of the cases where the father was responsible for the abuse, we got the feeling that the abuse resulted from an immediate explosion on the part of the father. We saw this as an instantaneous reaction to a particularly irritating occurrence, or as an attempt to discipline which got out of control" (p. 9). DeFrancis found that abusive mothers were more influenced by "deeper psychological pressures" than abusive fathers. Steele and Pollock (1968; Pollock, 1972) and Kempe (1971) have discussed the relationship between persistent crying by an infant and abuse. In describing circumstances that led to fatal instances of abuse, Weston (1968) listed crying as the single most frequent circumstance where abuse had occurred just a single time. In instances of repeated abuse, soiling or wetting of pants, and excessive crying were the most frequently occuring events. In a study of fatalities, Scott (1973) found that the precipitating stimulus was often refusal of food, vomiting, crying, sucking the tongue, screaming (especially at night or when the television was on), and swearing. He points out that many of these events are essentially inseparable from infancy.

Terr (1970) reported that in three out of 10 cases abuse was preceded by a conflict between the parents while Smith et al (1974) found this to be the case in 22% of abusive incidents and 10% of control incidents. Gregg and Elmer (1969) asked mothers what was happening in the family prior to the accident, and found that abusive mothers emphasized the irritability of the baby while mothers of accidentally injured children stressed a disrupted schedule and fatigue.

The consistent result from these studies is that abuse most frequently occurred as a response to some immediate precipitating (aversive) stimulus. This is in contrast to the findings of several authors who have studied filicide (Adelson, 1961; Myers, 1970; Resnick, 1969) where the act more frequently appeared to be pre-meditated rather than spontaneous.

The research on circumstances surrounding the abusive incident has generally resulted in broad descriptions of the conditions. In contrast, there has been increased attention paid recently to the precise sequence of events that lead up to an act of aggression (Patterson, 1973, 1974; Toch, 1969). The results of these studies suggests that intense acts of aggression are frequently preceded by a sequence of interaction between the parties involved in which the intensity of the aggressive acts progressively escalates. The research of Patterson is probably the most exhaustive in studying the sequence of interactions between parent and child through direct observation in the home.

In discussing violence between intimates, Goode (1969) has also emphasized the importance of focusing on interactional sequences:

> When a conflict between intimates issues in assault or homicide too, one or both are surprised. Why? If we begin with the climax, or the denouement, it is because the beginning is like any other interaction. On their way to a killing people take the same road at first that other travel in an ordinary argument or disagreement. The fights that culminate in serious injury or death are at first like the arguments and fights that others have . . . a relatively small percentage of offenders fully desired to see their victims dead or maimed before them, and certainly few wanted to face all the consequences of the act. (p. 955)

A direct suggestion has been made by Goldstein et al (1975) that child abuse often represents a result of a rapidly escalating sequence of events. Supportive evidence for this position is found in animal research which demonstrates that the delivery of an aversive stimulus to an organism will increase the likelihood of an aggressive response (Ulrich, Hutchinson, and Azrin, 1965; Ulrich, Wolfe, and Dulaney, 1969, for example).

Several other studies outside the area of child abuse also seem to point to the importance of studying sequences of interaction. Alexander (1973a, 1973b) studied sequential interactions in families with no problem children and in families with problem children. He found that in both types of families, members "reciprocated" the response they had just received from another member. However, the form of the reciprocity differed in the two types of families. In families without problems, members tended to reciprocate supportive comments with supportive responses while at the same time not reciprocating defensive comments with other defensive comments. On the other hand, reciprocation of defensive comments with defensive responses and no reciprocation of supportive comments with supportive responses was found in problem families. This finding again suggests the importance of studying sequences of interaction, and particularly focusing on the process by which aversive exchanges are terminated rather than continued. Peterson (1971) found results that indicate that the anticipated retaliation for an aggressive response affected the likelihood that the aggressive response would be performed. However, it affected it differently with low and high aggressive boys. Low aggressive boys inhibited aggression when retaliation was expected, while the expectation of retaliation actually facilitated aggressive responding in high aggressive boys. It remains to be determined whether abusive families are characterized by a high rate of exchanges in which aggressive behavior is reciprocated and retaliated, creating an escalating pattern that eventually terminates in a high intensity response.

Although additional research is strongly needed in this area of circumstances surrounding incidents of abuse, the existing results by themselves have definite practical implications. In view of the finding that abusive behavior tends to be a response to an aversive stimulus, it would seem valuable to provide direct training for parents in coping with sudden annoying unpleasant behaviors from their child. Particular focuses of this training might be on teaching procedures to prevent the escalation of aversive interactions, and appropriate responses that might be made to relatively frequent but unpleasant stimuli, such as crying and screaming of children. These findings also suggest that "hotline" services may be valuable for preventing abuse in that they provide a parent with an alternate response to make.

Socio-Cultural Characteristics

The effect of socio-cultural variables on child abuse has primarily been studied in two ways. First, comparisons have been made between the United States as a whole, and other countries. Second, groups of abusers and non-abusers within the United States have been compared on a number of measures reflective of socio-cultural conditions.

Although there is a relative scarcity of data concerning the incidence of child abuse in the United States in comparison to other countries, the existing data are sufficient to demonstrate that there is considerable variability between countries. Goode (1971) has noted that child abuse is relatively infrequent in Japan, where physical punishment is also less frequent than in the United States, while Parke and Collmer (1975) have summarized several reports which suggest low rates of abuse in China where physical punishment is also used less often. These data are supported by other findings concerning violent acts, such as homicide, in the United States in comparison to other countries. Lester (1974) has reported that the rate of homicide is considerably higher in the United States than in all 18 other industrialized countries that he used for comparison purposes. Parke and Collmer (1975) reviewed other studies which showed higher homicide rates in the United States than in Canada or England, and point out that "levels of violence in a society are reflected in the levels of violence in the family." These findings are certainly very consistent with the position very strongly expressed by Gil (1970, 1973) that the high rate of child abuse in the United States partly reflects a general societal attitude toward the use of force.

Gil has emphasized other broad socio-cultural dimensions which he feels play a causative role in child abuse.

> The causal dimensions of child abuse are, first of all, the dominant social philosophy and value premises of a society, its social, economic, and political institutions, and the quality of human relations to which these institutions, and the quality of human relations to which these institutions, philosophy, and values give rise; other causal dimensions are the social construction of childhood and social definition of children's rights . . . (Gil, 1975a, p. 354).

It is difficult, however, to determine appropriate means of testing Gil's hypotheses about the causal effects of broad dimensions, such as the social philosophy of the society. It is more likely that hypotheses about the relationship between attitudes towards children's rights and child abuse will be able to be tested in the future, particularly in view of recent attempts to measure attitudes towards children's rights (Wrightsman, Rogers, and Percy, 1975, for example).

An analysis of the relationship between socio-cultural variables within the United States, and violent behavior has been conducted by Erlanger (1971), using data collected for the President's Commission on the Causes and Prevention of Violence. Erlanger used these data to evaluate "two major theoretical perspectives in the explanation of interpersonal violence--one that explains aggression in structural terms, and one which emphasizes cultural causes" (p. 2). On the basis of his analysis, he rejects both of these sociological approaches, maintaining that:

> the characterization of low status groups as 'violent' and the white middle and upper classes as 'non-violent' is erroneous on *both* sides. Although homicide probably can be characterized as a lower class and black phenomenon, *the bulk of the interpersonal violence occurring in the United States takes place outside of the lower class and black communities*. (p. 236).

He further reports that "Given the oppressive conditions of poverty, on an *a priori* basis the most obvious role being played by 'lower class values' is the *prevention* of violence and not its encouragement" (p. 251).

Still, however, the variable that has been considered most frequently in relation to child abuse is poverty. Gil (1975a) considers it to be a major "triggering context" for abuse. Giovannoni (1971) points out that, "among families who had mistreated their children we found repeatedly that they were themselves victimized by the stresses of poverty" (p. 657). In view of this, she raises the question of whether we should maintain the conception of parental mistreatment of children, since the context for it so frequently is "societal violence" towards the families.

Despite the analysis by Erlanger, considerable empirical support can be found in the research on child abuse for the position that child abuse is more likely to occur in lower class families. It should be remembered, however, that these findings in the child abuse literature are based on reported cases while Erlanger analyzed self-report data gathered during citizen surveying. Similar inconsistencies in the results of "official" data versus self-report data have been reported in the field of juvenile delinquency (see Gold, 1970, for example) where it has been found that the relationship between social class and delinquency is greater using official records than self-report data.

Despite the limitations of the research for determining the relationship between abuse and poverty, due to sampling biases, it is still useful to briefly review the findings. Gil (1970) reported, for example, that in his sample cohort about 48.4% of the families had an income under $5,000, in comparison to 25.3% in the United States. Nearly 60% of the families in his sample cohort had received aid from public assistance agencies during or prior to the study year. Several other studies have also documented low income levels in the samples under investigation (Burland et al, 1973; Gil, 1968; Holter and Friedman, 1968b; Johnson, 1974; Young, 1964; Zuckerman, 1972).

Similar findings have also been reported on occupational status of abusive parents. Gil (1970) found that only 52.5% of the fathers of his sample cohort children were fully employed throughout the year. Johnson and Morse (1968) found that just one-half of the fathers in their sample were working at capacity while Paulson and Blake (1969) found that 75% of the fathers were semiskilled or unskilled.

In terms of education, Johnson (1974) found that 54.8% of mothers and 54.7% of fathers were less than high school graduates. Similar findings were reported by Holter and Friedman (1968b), Gil (1970), Thomson et al (1971), and Zuckerman (1972).

Giovannoni (1971) has focused on a related but still somewhat different socio-cultural variable. She emphasizes the existence of "structural deficits in the organizational arrangements of community supports and services, many of which are directly related to facets of good parenting" (p. 653). It is difficult to empirically determine the relationship between this variable and child abuse although Giovannoni does present data demonstrating that in poor families where child maltreatment has occurred it is rare for the family to be connected to any supportive community service. This gap has definite implications for the development of community programs. Gil (1970) has focused on this as well, calling for a "range of high quality, neighborhood-based social, child-welfare, and child-protective services geared to the reduction of environmental and internal stresses on family life, and especially on mothers who carry major responsibility for the child-rearing function" (p. 147). In view of the previously identified social isolation of abusers, this type of service would seem to be potentially very valuable if successfully implemented.

Prediction of Abuse

The task of developing a procedure for determining whether an individual parent has a high likelihood of abusing his/her child is an extremely difficult and complex one. As Schneider (1974) indicates, there are two main factors contributing to the difficulty of the task. "First, there is the low base rate, or the 'needle in the haystack' phenomenon. We are looking for three people per 10,000 population . . . the second factor which adds to the difficulty is that the act of battering is multiply determined" (p. 1). The validity and utility of a prediction or screening procedure is a function of the ratio of "false negative" errors (calling a parent non-abusive who actually turns out to be abusive) to "false positive" errors (calling a parent abusive who turns out to be non-abusive). As a result of the low base rate of child abuse, it is difficult to avoid making false negative errors without at the same time committing a high percentage of false positive errors.

The largest scale effort to develop a screening procedure to date has been undertaken by Schneider and her associates (Schneider, Helfer, and Pollock, 1972; Schneider, 1974; Helfer and Schneider, 1974). The recent results reported by Schneider (1974) illustrate the problem involved in trying to minimize errors when dealing with a low base rate problem. A 50 item questionnaire, developed after careful pre-testing, was administered to 500 mothers from varying socio-economic levels, 100 of whom were defined as high risk for abuse. Of these 500 mothers, 14 have been found to have been involved in some form of physical abuse in their child's first two years of life. On the basis of the questionnaire, these 14 mothers had all been correctly identified as high risk--that is no false negative errors were made. However, to this point the remaining 86 mothers who were identified as high risk and who have not yet abused their child can all be considered to be false positive errors. Obviously, an instrument which results in such a high percentage of false positive errors cannot be used as a predictive tool by itself, as its authors point out (Schneider, 1974; Helfer and Schneider, 1974). It must "be considered only as a screening device which hopefully can identify those families who are in need of further evaluation, follow-up and help during the first few years of a new child's life within this atmosphere" (Helfer and Schneider, 1974, p. 1).

An additional attempt to develop a scale for identifying parents with a high likelihood of being abusive has been recently reported by Paulson et al (1975). This scale has been empirically derived through the analysis of responses by abusers and non-abusers to the MMPI. Separate scales were developed for males and females, in addition to a combined scale. As these scales have only recently been derived, it is not yet possible to make a determination of their validity.

The general difficulty in predicting violent behavior has been attested to by several reviewers (Megargee, 1970; Ennis and Litwack, 1974; Stone, 1975). Based on these experiences plus the low base rate problem, it would appear that the most that can be hoped for in child abuse is a general screening device that could be used to alert the practitioner to the need to do additional evaluation or to offer particular services, such as parent training. At the present time the scale developed by Schneider and her associates has had the most rigorous testing, including important and necessary prospective, longitudinal research. It remains too early, however, to be able to determine whether this instrument will be able to minimize the rate of false positive errors sufficiently to be able to be of concrete assistance to the practitioner.

Long-Term Effects of Child Abuse

From a research standpoint, there are several important problems and requirements involved in studying the long-term effects of child abuse. First, in order to be able to determine the effects of abuse, it is necessary to know the condition of the child before the occurrence of the abuse. This is pointed out very clearly by Sandgrund et al (1974). While they found significant differences in intellectual functioning between abused and control children, they noted that it was not possible to draw any causal inferences from their findings because of the absence of data on level of intellectual functioning of the abused children before the occurrence of the abuse. Second, it is also essential, as Martin et al (1974) emphasize, to be able to separate out the effects of the actual abuse from the overall home environment. Otherwise it is not possible to conclude that a particular finding is due to the abuse itself as opposed to features of the environment. Third, there is a strong need for appropriate comparison groups, particularly since the subjects under study are not remaining static but rather undergoing considerable development and maturation. Friedman and Morse (1974) found this to be a problem even though they included abused, neglected, and accidentally injured children in their study; with the benefit of hindsight, they expressed regret for not having included an additional comparison group of children who were seen in the same emergency department for reasons other than injuries. In a follow-up study presently being concluded, Elmer (1975) has included a control group of children who were hospitalized as infants but not for reasons pertaining to accidents. This was done in order to separate out the possible effect of hospitalization during infancy from the effect of abuse. The research by Friedman and Morse, and Elmer is encouraging because of the great care that is being exercised to meet stringent control requirements. A fourth requirement of research in long-term effects of child abuse involves controlling for the post-abuse experiences of the children. Were they removed from the home, for example? Was there any special treatment that was provided? Unless this information is provided it is very difficult to interpret the results of follow-up research in child abuse.

The seminal research effort to study the long-term effects of child abuse was conducted by Elmer and her associates (Elmer, 1963, 1967; Elmer and Gregg, 1967; McHenry et al, 1963). This group followed up on 50 children who had been seen for multiple bone injuries at Children's Hospital in Pittsburgh, and for whom abuse was suspected. The length of time that had elapsed since hospital treatment ranged from one year, five months, to ten years. No control group was selected in advance because it was believed that "we knew too little about abused children to pick a group that would provide suitable contrast" (Elmer, 1967, pp. 7-8). All of the families identified for the study were located. However, of the original 50 children to be included in the study, seven were deceased, and four were in state institutions for the retarded. Thirty-one of the original children were actually included in the study, including 20 who were considered to have been abused, four who were considered not to have been abused, and seven who were non-classified. Comparisons between the abused children, unclassified children, and non-abused children showed a higher frequency of physical, intellectual, and behavioral problems in the abused children than in the non-abused children. At the time of re-evaluation, 10 of the 20 abused children were living in substitute homes, or had had prolonged periods of institutionalization. Of these ten, seven had shown symptoms of growth failure at time of hospitalization, and all seven had fully recovered. Of the ten abused children remaining in their home, six either remained below normal, or went below normal. In addition, although IQ scores for the entire group were low (ten of 20 were below average), this was a more frequent occurrence in children who had remained in their own home rather than experiencing an environmental change. In summary, Elmer and her associates found sizeable deficits in intellectual functioning, emotional health, and speech in a high percentage of the children. These deficits were greater, however, in children who had remained in their home rather than children who had been removed from their home.

The next significant follow-up study was performed by Morse et al (1970) on children who had been seen at Strong Memorial Hospital of the

University of Rochester for physical abuse or neglect. These authors were able to secure data on 25 children out of an original sample of 26 at a median of 2 1/2 years after abuse. They found that 30% of the abused children in their sample were without physical, intellectual, or emotional problems, a somewhat higher figure than Elmer had obtained. In addition, none of their children was found to be deceased at the time of the study, although 35 percent had experienced repeated abuse and neglect. Nine children in this study were found to be retarded, but eight of them were believed to have been retarded prior to abuse. Of these nine children, seven exhibited marked developmental progress after being placed in a foster home or institution. Of the nine injured children in this sample who were placed in foster care or in institutions, all placements were considered successful by the agencies. In comparison, protective service agencies considered that keeping the child in the home was successful in 23% of the cases, and of limited help in 31%. Nursing agencies were more encouraged by the results of keeping the child in the home, considering five of ten cases to be successful, and another four to be of limited help. In general, however, these results are consistent with the findings of Elmer concerning the gains made by abused children who are removed from the home versus those who remain in the same environment.

A second follow-up study has recently been reported by the same research group (Friedman and Morse, 1974). This included 15 children suspected of having been abused, seven suspected of having been neglected, and 19 who had been involved in accidents. It was found that

> young children previously judged to have experienced 'abuse' or 'gross neglect' did tend to experience a greater number of injuries needing medical attention than those children judged to have experienced

> an 'accident.' However, this incidence of approximately 70% was not significantly greater than the 50% rate of repeat injury for the 'accident' group. (p. 410).

It was also found that there was a higher incidence of injuries to siblings, of behavioral problems, and of poor mother-child relationships in the abuse and neglect groups than in the accident group, but these differences failed to reach statistical significance except in one instance.

A well-controlled follow-up study by Rolston (1971) compared 20 abused and 20 non-abused children who had been placed in foster care. The median length of time in foster care for these groups was 5.7 years for the abused children and 7.5 for the non-abused. The median age for the two groups was 10 years for abused and 11 years for non-abused, with the median length of time since abuse had occured being five years. Children in the two groups were closely matched on sex, race, IQ, and age, and, to a slightly lesser extent, time in foster care. Previously abused children were viewed as exhibiting less aggressive behavior by foster mothers, caseworkers, and teachers, and showed less aggression when tested on the Thematic Apperception Test. More truancy from home, destructiveness, and quarrelsomeness was demonstrated by the non-abused group. Other differences were more callousness, somberness, docility, and a greater desire to placate in the abused children, and more gaiety and negativism in the non-abused group. The general picture was that the abused children were more timid and apathetic than the non-abused children while at the same time presenting less of a behavior problem. It was concluded by Rolston that, "The abused children in this study . . . do not at this point in time seem to represent an aggressive threat to society" (p. 85). The results of this study are particularly significant in view of the careful matching between groups that was done, the precise measurement of characteristics of the children, and the type of sample that was used.

A large program of research on the long-term effects of child abuse has also been conducted by Martin (1972; Martin et al, 1974). This includes two separate studies, neither one of which included a control group. The first study focused on 42 children who had been seen at the John F. Kennedy Child Development Center of the University of Colorado. It was found that one-third of these children had intelligence test scores below 80; of this group, 93% had a history of severe head trauma and/or continued to show abnormality on neurological examinations. Of this total sample of 42 children, one-third had shown failure to thrive upon initial admission, and half of these had intelligence test scores under 80 upon re-evaluation. Language delay was found in 38% of the children and neurologic sequelae in 43%.

In the more recent follow-up study conducted by Martin and his associates (1974) 58 children out of an initial pool of 159 were studied. The general health of the children upon examination was described as good. Of 21 children who had shown growth failure when abuse was identified, improvement at follow-up was found in 10. An additional seven children of the 37 who had not shown growth failure initially now showed it upon re-evaluation. The median intelligence test score for this entire group was 96.5, clearly within the average range of functioning. A comparison of children with no history of head trauma or neurologic dysfunction who had experienced three or more home changes with comparable children with less than three home changes showed no differences in intelligence test scores (median of 102.5 for frequently moved group and 104.5 for less frequently moved group). On the other hand, significant IQ score differences were obtained for children living in homes rated as stable (median IQ of 96.2) compared to those living in homes rated as stable (median IQ of 107.4). On the basis of their results, the authors conclude "that these 58 abused children, at a mean follow-up period of 4.5 years post abuse, do not look as damaged by their life experiences as has been previously reported" (p. 64). It is suggested by the authors that this may be due to the fact that these children had been less severely abused than children in other studies, the sample was biased in that it included only parents who were willing to cooperate, and the effects of the abuse had likely been reduced due to intervention with the families.

Clearly, one of the important questions that remains inadequately answered has to do with the effects of the home environment versus the effects of the abuse itself. There are two types of findings, however, which suggest that the more potent variable may be the general environment. First, it was consistently found that the level of functioning of the children at follow-up was related to the environment in which they were found. Both Elmer (1967) and Morse et al (1970) found this in comparing children who had been removed from their home with children who had remained at home. Further, Martin et al (1974) found differences between children who were living in homes characterized as stable and children living in unstable homes. Additionally, in a study just looking at children in foster care (Rolston, 1971), the abused children were found to have some assets in relation to the control children (less destructiveness, and quarrelsomeness, for example) while also having some deficits (less gaiety, more somberness).

A second type of data supporting the observation that the overall environment may have a greater effect than the abuse itself comes from comparing abused children with their non-abused siblings. Young (1964) has reported that in those cases included in her study where agency contact continued long enough to permit evaluation of the development of abused versus indulged children from the same family, "the favored and indulged child seemed to be more completely and disastrously damaged in personality than the openly hated one. When both children were removed from the home, it was the overtly deprived child who was freer to turn to foster parents to make healthy emotional ties when given opportunity" (pp. 52-53). Johnson and Morse (1968) found that while non-abused children tended to be in better health, and fare better than their abused siblings, less than half of the non-abused children showed satisfactory mental and emotional development. On the basis of these reports it would certainly seem important for researchers trying to separate the long-term effects of abuse from the effects of the environment to include non-abused siblings in their studies.

Before summarizing the results of the research on long-term effects of child abuse, two important points must be made. First, it should be remembered that the primary consequence of abuse is physical injury to the child. These effects of abuse have not been discussed in depth in this section but must remain uppermost in considering the import effects of physical abuse. Second, it is also essential to consider the probability of a child being abused on more than one occasion. It has already been pointed out that 35% of Morse et al's sample (1970) were re-abused. In their hospital sample, Ebbin et al (1969) found evidence of previous abuse in 50% of the children, while Lauer et al (1974) report that 44% of their sample had been abused previously. Silver et al (1969) found repeated abuse in 59% of their children while Weston (1968) found evidence of previous injuries in 64% of his sample of fatally injured children. Previous abuse was suspected in 61% of the cases studied by Thomson et al (1971). In all of these studies, except for that of Morse et al, data on repeated abuse were gathered retrospectively. The lowest percentage obtained by these researchers was the 35% obtained by Morse et al. The range of prior abuse in the other studies was between 44% and 64%. Clearly the probability of re-abuse is an important factor to consider in determining the form that intervention should take where abuse has been documented. While the retrospective data must be interpreted with caution, they are suggestive of a high probability of re-abuse. In view of this, it is very important that additional prospective data be collected on this problem.

It should be pointed out, however, that the research on long-term effects of child abuse, particularly for children who were not organically impaired or re-abused, does not consistently indicate large scale differences between abused children and control kids. This is seen particularly in the findings of Rolston (1971), comparing abused and non-abused foster children, and Friedman and Morse (1974), comparing abused, neglected, and accidentally injured children. The recent findings of Martin et al (1974) without any control group also fail to indicate as large scale effects as had earlier been found by Elmer (1967). These findings may be due to improved programs of intervention with the families and the greater use of control groups by investigators. It is absolutely essential, however, that additional research be conducted to provide additional information on the long-term effects of child abuse.

Theoretical Approaches to Child Abuse

Within the field of child abuse, there have been two theoretical models that have been most frequently discussed. The first of these two models might be termed the "psychological" or "clinical" model. The primary focus of this approach appears to be on identifying the particular factors that determine why one individual may be abusive while another one is not. The second of these two models might be termed a "sociological" model. The main thrust of this approach is to identify those socio-cultural conditions which affect the rate of child abuse either within the United States as a whole or within particular subgroups. In actuality it is rare for individuals to adhere completely to one of these models without also incorporating concepts and variables that are more frequently associated with the second model. Despite this, however, it is useful for purposes of examining the assumptions on which they are based to treat these models as if they were totally distinct.

Within the clinical model, it is possible to detect two main streams of thought. The first, which has been called the "psychiatric" model by Parke and Collmer (1975), and the "psychopathological" model by Gelles (1973), is grounded in psychodynamically oriented personality theory. According to this model, behavior is a function of personality traits or states of the individual, and deviant behavior, such as child abuse, is a symptom of an underlying "mental illness" or "disease." In order to understand the causes of the behavior, according to this model, it is necessary to understand the personality and motivational structure of the individual. This is the type of clinical model that has predominated in the study of child abuse, although particular authors have stressed different underlying causes for child abuse. For example, Kaufman (1962) reports that abuse "implies that the child is not perceived as a child but some symbolic or delusional figure" (p. 17), DeFrancis (1963) concludes that abuse is "usually symptomatic of deeper emotional problems" (p. 2), Galdston (1966) describes abuses "as the result of a transference psychosis" (p. 442), and Wasserman (1967) considers the abused child to be an "unconscious symbol" (p. 177) of something that once caused the abusive parent pain.

A second type of clinical model might be called a "social learning" or "behavioral" model. The primary emphasis in this approach is on the effects of environmental factors on the behavior of the individual. Rather than viewing deviant behavior as being symptomatic of underlying problems, this approach analyzes it in terms of the environmental context in which it occurs. Behavior is considered to be a function of the responses available in an individual's repertoire (and the relative strength of these responses), the antecedent stimulus conditions (as perceived and interpreted by the individual), and the anticipated consequences of various courses of action. Parke and Collmer (1975) offer a "social situational" model of child abuse which is based to a large extent on a social learning model of behavior. In addition, treatment programs based on these principles have been reported by several authors recently (Tracy and Clark, 1974; Clark, 1975; Tracy, 1975; Ballard, 1975; Polakow and Peabody, 1975; Jensen, 1975). While this approach differs in many important ways from psychodynamically based approaches, it shares with them the feature of focusing primarily on the particular incident of abuse and/or the abuser.

The sociological approach, in contrast, concentrates on the effects of socio-cultural variables on the rate of abuse in groups, rather than on discriminating between abusive and non-abusive individuals. This might include research on the effects of poverty, or family size, or cultural attitudes towards the use of violence on abuse. Followers of the clinical model would be less interested in studying these variables since they are neither necessary nor sufficient for the occurrence of abuse. However, to the extent that the rate of abuse differs significantly for small versus large families, or impoverished versus middle class families, then these factors are important to consider both in looking to explain abuse, and in the development of preventive and remedial programs.

Several attempts have been made to integrate the clinical and sociological models of child abuse. Gelles (1973) has developed multi-dimensional causal model that incorporates both sociological and psychological variables. Similarly, Steinmetz and Straus (1974b) have developed a systems model for violence in the family, emphasizing not only the relationship between different types of variables but also the reciprocal effects that they all have upon each other.

It would seem valuable for purposes of clarifying the points of view represented in the clinical and sociological models to distinguish between different types of causes. The clinical model focuses on the identification of causal variables operating in the precise situation in which the abuse occurs. The relationship between the cause and the effect is direct and immediate. It has already been seen in the review of characteristics of situations that result in abuse that often the salient observable feature of the situation is a stressful and aversive stimulus. The act of abuse is frequently a response to this aversive stimulus. The level of causal analysis that adherents of the clinical model are interested in has to do with the identification of variables that affect the actual response that is made to this aversive stimulus. In trying to identify the key variables, psychodynamically oriented researchers are most likely to look at the particular constellation of personality and motivational variables operating in individuals who respond with abusive behavior in comparison to individuals who make alternate responses. The social learning theorist, on the other hand, would most likely focus on the responses in the individual's repertoire and the controlling stimulus conditions. Despite these differences, both groups concentrate on the investigation of variables affecting the probability of an abusive response, given that the individual is confronted with an aversive situation.

The sociological model, on the other hand, can be conceptualized as focusing primarily on variables that affect the likelihood that an individual will find himself confronted with an aversive situation. In this regard, the relationship between the causal variables being studied and the actual act of abuse is more indirect. Some of the variables that would exert control over abusive behavior in this indirect manner might be the number of children in the family, the employment status of the parents, and the amount of living space in the home. To the extent that neither parent is employed, for example, there would be greater contact between them and their children and presumably a greater likelihood of aversive situations developing. As a result, it would be expected that abuse might be functionally related to the employment status of parents, even though not all abusive parents are unemployed, and not all unemployed parents are abusive.

Research into the effects of these two types of variables on abuse would seem to be complementary rather than competitive. In order to achieve an adequate understanding of factors contributing to abuse, it is necessary that varied research approaches be taken, and that the results be synthesized into models that take into account the multi-dimensional nature of abuse.

Summary and Recommendations

A. Methodology of Child Abuse Research

The initial focus of this chapter was on methodological approaches to research in child abuse. It was noted that while most researchers conceptualized abuse as an "intentional" act, often times operational definitions for abuse were not provided, or the definitions of official agencies were used. Most of the studies were conducted with either agency or hospital samples, and as a result were subject to the biases of using only reported cases. This is an almost inevitable problem when dealing with a behavior that is counter to community norms and illegal. At this time it is not possible to determine the magnitude and direction of bias in using these types of samples.

The most frequently used control groups in child abuse have been childhood accident victims, cases of child neglect, and other patient groups from the same treatment facility. A major problem has been matching members of the control group and abuse group on background variables; as a result the interpretability of results has been weakened. Data have been primarily collected from official records, although a wide variety of other data sources such as interviewing, testing, and observation, have also been used. The research has most frequently been of an ex post facto nature; however, a trend towards more longitudinal research has been noted.

On the basis of this review, the following recommendations in the area of methodology are offered:

1. Operational definitions for abuse should be clearly stated.
2. The degree of inter-judge agreement in the definition of an injury should be determined and reported.
3. Additional research should be conducted on variables affecting the use of the label "abuse," and the consequences of applying it.
4. Complete information on the characteristics of samples should be reported, including as much data as possible on subjects who refused to participate or could not be located.
5. Control groups should be selected on the basis of an explicitly stated rationale.
6. In ex post facto research, where it is not possible to randomly assign subjects to experimental and control groups, appropriate statistical procedures should be used to control for differences between the groups on important background measures.
7. Controls should be employed to insure that data are accurately collected and reported. These control procedures may include inter-judge agreement checks, blind collection of data, and blind analysis of protocols.
8. A greater variety of measurement procedures should be used, including direct observational procedures.
9. In using ex post facto designs, particularly when multiple measures are collected, specific hypotheses should be clearly stated.
10. A greater diversity of research designs should be used, including longitudinal research, and experimental analogs to child abuse.

B. Results of Child Abuse Research

The largest focus of child abuse research has been on identifying characteristics of abusers. Despite the heavy emphasis on this area, the only finding that has been really consistent has been that abusers tend to be socially isolated. The lack of consistent findings on other measures suggests that there is no unique constellation of characteristics that describes the abuser, a finding that should not be surprising in view of the complexity of this problem. It is expected that attempts to develop and empirically validate typologies of abusers will be more productive than the quest for general characteristics.

It does not appear, either, that the victims of abuse share common characteristics. While hospital data indicate that approximately 60% of the children are under three years of age, agency data show a greater age dispersion. It appears that younger children are more seriously injured, and are more likely to be abused by mothers.

Abusive families tend to be larger than the general population, and not infrequently more than one child per family is victimized. Parents in abusive families often have marital problems as well as difficulty in effectively controlling the behavior of their children. While the abusive parents were found to be inconsistent in their use of disciplinary procedures, no marked pattern towards excessive use of physical punishment was found. The act of abuse appeared to frequently be a spontaneous response to an aversive situation or to an escalating sequence of negative interactions. Usually the provocative stimulus did not differ from what might be expected to normally occur in the process of bringing up children. While data were reported on the stimulus situation preceding the act of abuse, virtually no information has been systematically gathered on the variables operating to maintain the abusive behavior. It may very well be that the response of the spouse to the abusive act, as well as the short-term effectiveness of the act, may play a role in maintaining the abusive acts.

Data comparing the United States with other countries supports the notion of a higher frequency of violent behavior, and possibly child abuse, in the United States. Within the United States, it was consistently found that low socio-economic families were over-represented in frequency of abuse; however, this finding was difficult to interpret due to the limitations of the sampling procedures that have been used. It was noted that the prediction of which parents have a high likelihood of abusing their parents based on a single evaluation procedure appears to be unrealistic because of the low base rate of abuse. It does appear, however, that progress is being made towards the development and validation of a screening procedure that could be useful for indicating that further evaluation of a particular family needs to be done.

Research into the long-term effects of abuse on non-organically injured children shows that there is considerable variability in the subsequent development of these children, with many of them functioning quite adequately. One of the difficult research problems is separating out the actual effects of the abuse from the effects of the abusive environment in general. It appears, however, that children who have been removed from their home, or whose home is stable, show fewer deficits on follow-up than children who have been left in the same environment.

On the basis of this review of the research in child abuse, it is possible to offer a number of recommendations concerning general strategies and particular focuses for additional research. First, it is recommended that researchers narrow the focus of their efforts from abuse in general to abuse as it is manifested in particular types of families, or to particular types of abuse. Repeatedly during this review it has been pointed out that not only does abuse take a multitude of forms but that the relationships between variables are not simple and direct but rather are complex and interactive. It is not realistic to expect to be able to draw general conclusions that will apply to abuse of young children and abuse of teenagers, for example, or repeated abuse versus one-time abuse. Researchers should concentrate more on intensive study of narrowly defined types of abuse, or abuse as it occurs in certain types of families rather than focusing on the phenomenon in general.

Second, if significant advances are to be made in our understanding of abuse, it is important that research programs be initiated and supported in addition to individual studies. Such programs should be longitudinal and integrated with other behavioral research programs.

Third, a priority of such research should be to study abusive behavior in the context in which it occurs. This should include the immediate situational context as well as the broader socio-cultural context. Studies of personality characteristics of abusers should be integrated into investigations of the effects of environmental variables on abuse.

Fourth, emphasis should be placed on the family as the unit of study rather than the individual abuser, the victim, or the parents. Since the family is a dynamic system in which the actions of all members affect all others, it is the most encompassing unit for study. Some focuses for family research that would appear to have considerable value would be the following:

1. Analysis of the skills and knowledge that are required for effective parenting behavior, and the development of skill-based preparation for parenthood programs.

2. Evaluation of the short-term and long-term effects of physical punishment and the effects of alternative child-rearing procedures, such as positive reinforcement.

3. Analysis of the types of situations that family members are called upon to respond to, with a particular focus on skills that are required to respond to unplanned occurrences.

4. Analysis of the sequential patterns of interaction between family members, with particular emphasis on the escalation of aversive interactions, the reciprocation of positive and negative behaviors, and the effects of each family member on each other.

5. Investigation of the effects of an infant on a family, and the practical skills needed to deal effectively with the transition to parenthood.

6. Investigation of the types of supportive services in the communities that may be of greatest value for families at risk for abuse.
   All research on the family should be closely integrated with other similar programs of research that do not deal directly with abuse but which stand to make significant methodological and substantive contributions to child abuse research.

Fifth, another important focus for research should be on factors contributing to violent behavior. Such research might include studies of the types of situations that are most likely to result in violence and the skills required to deal effectively with them, and an analysis of the factors within a family that serve to maintain violent behavior. It is recommended that interactional sequences be closely studied to determine the manner in which high intensity aggressive responses are elicited from situations that are initially only mildly aversive. An important focus of research in this area should simply be on the development of effective treatment programs to reduce the likelihood of repeated violent acts. Due to the limitations in studying violence in humans directly, it is recommended that experimental analogs be used as well.

Sixth, there is an obvious need for additional information on the long-term effects of abuse. Such information can best be gathered through longitudinal research with repeated measurements of children at various points in time. It is recommended that non-abused siblings also be closely studied in order to help determine separate effects of the abusive environment and the abuse itself.

Seventh, it is recommended that research and the delivery of service be closely intertwined. This allows for meaningful tests of research results, while providing an empirical base for programs in abuse.

It might be mentioned as a final note that there is a continuing need in the field of child abuse for theory that will integrate the existing body of knowledge which sometimes seems full of inconsistencies. In discussing delinquency, Hirschi and Selvin (1967) point out, "Inconclusiveness and inconsistency are properties, not of facts, but of explanations. It is the task of the theorist to abstract from the apparently inconsistent and inconclusive results of delinquency research a consistent explanation of juvenile delinquency" (p. 181). Such a task is indeed a difficult one. It is important to keep in mind, however, that progress in understanding and controlling child abuse will be made as practice, research, and theory are successfully synthesized.

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II. Medical Aspects of Child Abuse and Neglect: A Review of the Research Literature

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Introduction

This paper summarizes and discusses briefly major points which were covered in the "Review of the Research Literature on Child Abuse and Neglect--Medical Aspects." Completed during the summer of 1975, the review was developed by searching hundreds of articles, periodicals, books and lay magazines in an effort to "determine the current state of the art relating to the research components of medical aspects of child abuse and neglect."

A very broad definition of both the word "research" and the word "medical" was used. Research literature included any published article or book which advances the state of knowledge in this area. The word "medical" is used to mean, not only the organic and physical effects of child abuse and neglect upon the child, but also those aspects of the problem that bring the medical community to touch with delivery of service systems and social and cultural changes.

"Traditional" Medicine

A. Role of Medicine

The first section of this review of the literature in the area of child abuse is devoted to a discussion of the role of medicine, as it appears in the literature. There are three major subsections:

1. The past to the recent present,
2. The transitional phase, which picks up on medicine's current role and projects it into the near future,
3. The expanded future involvement of medicine.

1. Past to Present

The first written reference to the problem occurred some one hundred years ago when, in 1875, Dr. Scattergood (Green, 1973) reported one of the first cases of child abuse in the literature. In the same year, the case of Mary Ellen, an abused child removed from her home at the insistence of church workers and the SPCA (Radbill, S., 1974), was being considered in New York City. Eighty years went by before Dr. John Caffey (Caffey, J., 1946) began his review of the medical manifestations of this problem as indicated by x-ray. At that time (1946), it was pathologists and radiologists who led the field in defining the problem of child abuse in the United States. It was not until 1961, when Henry Kempe (Kempe, C. H., 1962) began his work on the problem, that pediatricians became actively involved.

Thus began, with the interest and commitment of radiologists, pathologists, and a single pediatrician, the recognition of and an involvement in one of the most severe and devastating problems to affect the children of the world. From the mid-sixties through the present, there have been hundreds of articles in the medical literature that cover one or more components of this difficult problem.

One of the first persons to do any systematic follow-up studies in the area was Francis (Francis, H. W. S., 1967) who urged the development of a "risk registry" to follow neglected and deprived children. Paull (Paull, 1967) in the same year was instrumental in developing one of the first treatment programs at Milwaukee Children's Hospital. Helfer's (Helfer, R. E., 1968) chapter in The Battered Child calls for the early involvement of pediatricians. Specific recommendations were made and guidelines proposed for pediatricians and family physicians who in detection of child abuse and neglect had no ideas of where to turn with their information. Another early pioneer who proposed the need for involvement of physicians, legislators, politicians, social workers and the like was Dr. Vincent Fontana (1964, 1973).

With the advent of legal ramifications for the failure to report cases of child abuse in the mid-1960s (from 1963 to 1967), other articles began to appear indicating areas of physician culpability (Kohlman, 1974; Pediatric News, 1973). Organized medicine in the form of the American Academy of Pediatrics became involved in the proposing of model child abuse reporting laws (Paulsen, 1974) and the need for psychosocial rehabilitation (Mindlin, 1974).

Other disciplines of medicine (forensic) began to more clearly identify with the area in calling for laws (Birrell, 1970) and for clarification of the role of the medical examiner in infant death (Helpern, 1972).

Pediatric surgeons in such journals as the Journal of Trauma (O'Neill, 1973) and in Surgery and Neurosurgery (James, 1974) began also to call for commitment and involvement in medical specialty areas.

With the advent of the laws on the reporting of child abuse, a number of other professions became formally involved, but it should be mentioned that originally physicians were the only professionals required to make the report. Since that time, other professionals have been added to the list, compelled by law to report suspected non-accidental injury to children.

In the short history of identification interest and research in child abuse and neglect, the position of traditional medicine has been first, one of ignorance; second, one of unawareness gradually moving toward interest and research in the problem; third, one of impacting the legal system with respect to the laws of reporting; and finally, one of greatly expanded vision of the role of medicine in this area. Medicine has moved from the traditional, organic, and pathological point of view to an expanded involvement in a broad spectrum of areas.

2. Medicine in Transition

The following are areas gleaned from the review of literature indicating some new directions in which medicine as a profession has begun to move in recent years:

a. the relationship of early child developmental processes as they are influenced by unusual child rearing practices (Martin, 1974),

b. the importance of bonding and attachment in establishing a positive parent-child interaction (Bakin, 1942; Besdine, 1973),

c. methods of early recognition and prevention of child abuse and neglect as it relates to the health delivery system (Guarnaschelli, 1972),

d. the interface between medicine and certain socio-cultural issues (Sarsfield, 1974; Woodward, 1974; Otterbein, 1973; Snow, 1974),

3. the relationships of animal studies dealing with behavior and unusual child rearing practices (Martin, 1974; Korsch, 1965; Money, 1972).

These new roles/dimensions for the medical profession come out of much new literature in such areas as violence in the home (Journal of Clinical Child Psychology, 2(3), 1973) and violence in the social and political system (Shopper, 1973; Fechcach, 1973). Even the notion of common delivery techniques as forms of violence appears in such articles as "Will Common Delivery Techniques Soon Become Malpractice," (Stimeling, 1975) and in such books as Birth Without Violence (Leboyer, 1975).

Other areas in which physicians find medicine moving from its former protected and traditional atmosphere to a broader and less well defined framework appear discussing moral and ethical dilemmas (Duff, 1973) and questions of informed consent (Shaw, 1973). Medicine's interface with various community agencies is called for by other authors during this period (Sarsfield, 1974; and Woodward, 1974).

The above are only a few of the available articles that demonstrate that medicine is no longer confined to strict organic relationships, but is today breaking down innumerable barriers that it has accrued which separate it from the general public.

B. Legal Issues in Child Abuse as They Relate to Medicine

One of the earliest identified problems that occur in the literature on legal issues in child abuse is the inability of the two professions, medicine and the law, to find a common ground on which to interact. The medical and legal educational processes are suspect here since in the training periods of both professions there is little if any inter-involvement. This problem becomes a most acute issue in the area of non-reporting of physical abuse and neglect (Flammang, 1970; Rhode Island Medical Journal, 1971; Riley, 1971).

In addition, physicians and lawyers learn to solve problems in different ways during their formal education. A dependency on precedent (Colorado vs. Kish, 1968) occurs in the legal profession and the dependency on specific data and factual information in the medical profession. An area of basic difficulty which physicians find uncomfortable is "forced reporting" of anything except the most serious infectious disease.

Another problem area that exists between the two professions is that physicians and lawyers use different methods to gather their data. Physicians, on the one hand, gather their information by interviewing their patients, doing physical examinations and performing certain laboratory tests. This is done in a reasonably relaxed atmosphere under nonthreatening conditions. Lawyers, on the other hand, take dispositions in a more formal manner and do not necessarily assume that the individual that is giving the disposition is indeed telling the truth. The adversary process is then used to pass this information from one to the other. Hearsay is rarely permitted in the legal profession, whereas in medicine we are almost completely dependent upon hearsay in gathering data. Physicians find it most difficult to function in this adversary form of presenting data to a judging body. It is not only threatening but very foreign to their method of operation and is seen as very wasteful of valuable time.

In addition, physicians are accustomed to having what their patients tell them be "privileged" (Journal of the Indiana State Medical Association, 1970; Rosenburg, 1969; Paulsen, 1974); whereas the legal profession tells us that this is not the case in the area of child abuse and neglect. The whole rights issue of child versus parent has finally forced physicians into an arena which is most uncomfortable. Does, for example, a parent have the right to make certain decisions for his child and, if so, how far can these rights be extended (Farson, 1974)?

The difference between criminal court and civil court is foreign to most physicians. The type of evidence that is permitted in one court compared with the other is generally unknown by the medical profession (Wisconsin Medical Journal, 1973; Marquette Law Review, 1973; Weber, 1975; Delaney, 1972; Pitcher, 1972).

Another area which is confounding to physicians is that their definition of physical abuse (commission acts) and neglect (ommission acts) does not necessarily conform with the definition of these two problems in the legal profession (Paulsen, 1974). Often abuse to the lawyer means that he is able to define who actually injured the child. The mother's boyfriend, for example, who beats a child may be charged in criminal court with physical battering while the mother may be charged in civil court with neglect. This confounds the minds of physicians and, unless someone takes the time to explain it, only enhances the separation between the two disciplines.

C. The Field of Nursing

The profession of nursing has not been sitting still during the process of recognition and involvement in the field of child abuse and neglect. Nurses have a particular problem in defining their role, since they present themselves to families in a variety of ways, as well as having a particularly important role in early detection of child abuse (Bassett, 1974). The role of the public health nurse, for example, may well be different in the area of child abuse and neglect than the role of the emergency room nurse. The school nurses, ward nurses, clinic nurses, public health nurses (Norman, 1975; Hiller, 1969; Bird, 1973), delivery room nurses, newborn nursery nurses, all may have different roles (Chamberlain, 1974). Unfortunately, the material in the literature does not delineate clearly enough how these roles may be best carried out (Drews, 1972, Murdock, 1970). Although there is considerable interest in the field of nursing, not enough delineation and study has occurred.

D. The Physical Effect of Child Abuse and Neglect

1. Introduction

The lengthiest section of this review concentrates on the medical aspects of child abuse and neglect for it is articles on the direct medical evidence of such abuse and neglect which are most abundant in the review of literature. Areas that are emphasized follow:

a. introduction to the general aspects of the physical effects,

b. a discussion of when an abused child dies or is tortured (Radbill, 1974; Cameron, 1971; Steele, 1970; Schrieber, 1974; Herler, 1974a; Kempe, 1972a; Adelson, 1961; Bakan, 1971),

c. the relationship of child abuse and neglect to drugs, both accidentally ingested and those given by intent (Dine, 1965; Malee, 1972; Lansky, 1974; Jones, M., 1971; Lin Fu, 1969; Friel, 1973; Bendix, 1973),

d. sexual abuse (DeFrancis, 1969; Robinson, 1971),

e. effects of extremes in temperature (Steele, 1970; Stone, 1970; Schmitt, 1975; Gillespie, 1965; Smith, E., 1968; Holter, 1969; Galdston, 1972; Loomis, 1970; Ramsbottom, 1974),

f. deprivation as it relates to nutritional deprivation, separation and failure to thrive (Cowles, 1970; Martin, 1974; Chase and Martin, 1973; Brasel, 1973; Kreiger, 1974; Adelson, 1963; Pickel, 1970; Berant, 1966; Fontana, 1971a; Klaus, 1972; Klein, 1971; Lamb, 1973; Hoffman, 1974; Fevri, 1973),

g. a general review of the systems; the systems included are:

    (1) injuries to the skin (Cameron, 1975; Susman, 1968; Lenski (unpublished from Las Angeles Childen's Hospital); Levine, 1973; Holter, 1968; Schmitt, 1975; Silverman, 1972; W[illegible]ston, 1968; O'Neill, 1973).

    (2) injuries to the mouth and ears (Cameron, 1975; Wei, 1974; Hazelwood, 1970; Tate, 1971; Laskin, 1973),

    (3) injuries to the eye (Mushin, 1971; Kiffney, 1964; Silverman, 1972),

    (4) gastrointestinal tract (Pena, 1973; Gornall, 1972; Talbert, 1970; Bongiovi, 1969; Schechner, 1974),

(5) the saddle region of the body,

(6) injuries to the head and central nervous system (Caffey, 1946; Martin, 1973; Craft, 1972; Shulman, 1971; Nichamin, 1973; MacKeith, 1974; Heiskanen, 1974),

(7) injuries to the skeletal system (Caffey, 1946; Silverman, 1972; Caffey, 1970, 1972c; McHenry, 1963),

h. The distinction between accidental and non-accidental injury (Helfer, 1975c; Fontana, 1973a, 1973c, 1973d; Hudson, 1973; Hwang, 1974).

Despite the proliferation of recent articles in this field, much of the literature is vague and non-specific. One factor contributing to the generalized vagueness and non-specificity is the lack of pictorial evidence for findings. The importance of recording the degree of injury through the use of photography is noted. State laws in New York and Michigan mandate that this be done. These are only recent in origin, however, and the advantages have not yet been realized in published manuscripts.

Elsewhere in the literature there are some general reviews of the differences between accidental and non-accidental injury and what is meant by the "accident prone child" (Altman, 1970). The literature is clear in its emphasis on the fact that there is, from time to time, a fine line between accidental and non-accidental injury (Elmer, 1971).

Another evidence of the gap which exists is in the determination of what degree of force or what degree of temperature is required to cause a specific injury to a child. This is, of course, related to the age and size of the child, e.g., a given force required to cause a bruise on a ten year old, if applied to the same degree to a ten day old would result in a much different type of injury (Steele, 1970).

2. When an Abused Child Dies or is Tortured

A large number of studies have been devoted to the area of severe abuse and neglect when it leads to death and to torture. There appear to be significant differences in the psychodynamics between the child abuser who was reared in an unusual way which failed to teach appropriate responses to children and those parents who are indeed psychotic or severely ill psychiatrically, and who premeditate the death and/or physical torture of their children (Schreiver, 1974). While this review of the medical components does not lend itself to a summary of the psychodynamics of these differences, it is pointed out that these children may present to physicians in different ways. A child, for example, who has been repeatedly tortured, may well show the signs of this torture on his physical body, as well as in his behavior.

The literature, particularly lay reports, are loaded with articles that have titles and photographs which clearly sensationalize the problem of child abuse and neglect (Ameli, 1970). While this is indeed a very serious problem, there are, for every child who dies, at least five hundred who are abused and neglected. If one considers only the physical aspects of the problem of child abuse, then the death rate for these children alone runs between three and four percent. However, if one considers the total problem of abuse and neglect, then of course, the death rate is diminished to approximately three or four in five hundred, but the reporting rate climbs to well over one percent of the nation's children (Myers, 1970; Scott, 1973).

The issue of infanticide presents itself in the medical literature. The death of an infant at the hands of his parents (Frazier, 1974) or possibly even his siblings is discussed. The ability to identify adolescents who may kill their parents (Tanay, 1973), prior to the actual act, has been reported by some. Many of the percursors that are looked for in this population are similar to those sought in trying to identify those parents who may, in some way, have difficulty rearing their children.

The death of a child has often stimulated a given community to move forward to do that which should have been done prior to the tragic incident. A variety of reports occur in the literature of both this country and England, which discuss these martyrs.

This literature also makes note of the possible relationship of child abuse and neglect with the "sudden infant death syndrome." A number of articles have appeared which propose that some of the children (exact percentages unknown) who are reported as characteristic of SIDS are indeed the result of child abuse and were murdered (Hick, 1973; Pierson, 1972).

3. Relationship to Drugs

Children who are given drugs intentionally by their parents, when these drugs have not been prescribed by a physician, have been classified throughout the years as being abused. Several reports in the literature identify this problem (Dine, 1975; Malee, 1972; Lansky, 1974; Liu-Fu, 1969; Friel, 1973; Bendix, 1973). While the direct administration of drugs by parents is not uncommon, it is not the only form in which abuse and/or neglect occur as a result of unusual exposure to drugs. Pregnancy is a classic example of how children can be "abused" by their mothers or doctors, because of an exposure to a drug at an inappropriate point in their fetal development. Mothers who are alcoholic and drink excessively during their early months of pregnancy often have babies with serious developmental problems (Time, 1975). The use of other drugs during pregnancy has also been well known to cause significant problems in the offspring (Pediatric Annals, 4(7)).

Physicians themselves may do a number of things to children and their parents through the administration of drugs, which may indeed have adverse effects and relate directly to the area of child abuse and neglect. Putting an abusive mother, for example, on tranquilizers may stimulate her abuse of children rather than diminish it (Lynch, 1975).

There are other studies that have demonstrated a significant correlation between the incidence of taking marijuana and LSD by children and the perception of these children of the "closeness of his/her family" (Streit, 1972; Ungerleider, 1969). The interrelationship between family and the child seem to relate to the problem of drug abuse.

Society in general does not go unscathed in considering this particular aspect of the problem. The high environmental aspect of lead and mercury and other ecological problems that affect all children and adults are becoming a common theme in the lay and professional literature (Matthes, 1958; Cohen, 1959; Mellins, 1955; Millican, 1956; Freeman, 1969; U. S. Health Service, 1971; Cohen, 1973).

4. Sexual Abuse

One of the most common problems that affects small children, and yet is the one which has been written about least, is that related to sexual abuse. Only a few basic studies have been found that deal directly with the problem of incest and molestation of young children (DeFrancis, 1969). Several lay publications (Washington Post, Denver Post) have given more attention to this problem than has the professional literature. It seems that professionals are reluctant to talk about bizarre sexual happenings as well as reluctant to do research in these areas.

5. Effects of Extremes in Temperature

Another area in child abuse and neglect concerns the problem of extremes of temperature and how they effect the body (Steele, 1970; Schmitt, 1975; Gillespie, 1965; Smith, E., 1968; Holter, 1969; Galdston, 1972; Loomis, 1970; Ramsbottom, 1974). The literature deals with the problem of burns, both dry and wet, as well as the problem of overexposure to the cold. A burned child is one of the more common ways in which the severely physically abused child presents to doctors. Few specific references deal directly with the problem of burns. For example, no photographs are found that clearly delineate the physical findings in the cigarette burn, a very common injury in child abuse (Helfer, 1972).

The literature also is void of exact information that helps differentiate the difference between dry and wet burns. This is a critically important physical finding, and yet minimal information is available.

6. Deprivation

a. Nutritional

In the literature on deprivation, there appear to be a dearth of articles on the physical effects of nutritional deprivation, as it relates to problems of separation from caretakers. The overall concept of "failure to thrive" is discussed in some detail. It was difficult, in this review, to clearly relate directly to the withholding of food, for example, and the withholding of emotional stimulation. Children who are not picked up and talked to may well stop eating and, therefore, present to the physician as serious nutritional deprivation (Martin, 1974). On the other hand, the basic cause of their problem may well be covert emotional deprivation. The conclusions of Martin are critically important in this regard. These are as follows:

(1) "Prenatal undernutrition has a serious effect on the growth and development of the central nervous system of the fetus."

(2) "Undernutrition early in infancy has a permanent effect on growth and development of the central nervous system and its function for years thereafter."

(3) "Nutritional deficiencies after one year of life seriously effects the ability of the child to learn."

(4) "Poor growth, not due to an organic cause, may be associated with abuse, emotional deprivation, neglect, rejection of the child, or poverty."

(5) "Protein and/or caloric deprivation during the period of rapid brain growth causes the central nervous system damage."

(6) "Inasmuch as learning ability, perceptual abilities and attention span have been related to nutritional deficits, we must provide adequate nutrition to children in our society."

(7) "Because feeding and eating are the arena for so much acting out of conflict between child and family, dietary histories must not focus solely on the amount of foods that have been taken, but on the behaviors associated with the feeding experience."

The review of the literature points out clearly that there are a number of new laboratory tests which assist in delineating the diagnosis of nutritional deficiency. Research in enzyme chemistry has broadened this field immensely (Brasel, 1973).

b. Separation

While considering the effects of unusual nutritional problems in mother on the size of the infant as well as the serious effects on the infant himself, additional articles were found which dealt primarily with the problem of separation of the infant from his caretaker. It is very clear that early separation creates problems in the interpersonal relationship between mother and her child. These problems may well lead, in some instances, to overt abuse and/or neglect. Certain congenital sensory deficits, such as blindness or deafness, enhance the interpersonal problem that develops (Freedman, 1968; Fraiberg, 1967).

Little mention in the literature has been made of the paternal aspects of deprivation. A few articles (Anderson, 1968) were found, notably an article by Anderson; entitled "Where's Dad? Paternal Deprivation and Delinquency" indicating that the effects of a missing father may not show up until later in life.

c. Failure to Thrive

The overall syndrome of failure to thrive is discussed in some detail in the literature (Kimball, 1973; Meyendorf, 1971). The "failure to thrive" syndrome generally is referred to throughout the literature as manifested in a child in the first two years of life who fails to grow and develop according to pre-determined standards as a result of being deprived of nurturing. Failure to thrive occurs as a result of problems in maternal or paternal child interaction. This problem presents in specific and unusual ways because it begins very early in infancy. The effects on the infant at a very critical developmental and growth stage are devastating (Helfer, 1975c; Martin, 1973; Krieger, 1967; Patton and Gardner, 1962; Apley, 1971; Whitten, 1969; Silver, 1967; Togut, 1969; Evans, 1970; Kiluchova, 1972; Park, 1970).

7. System Review

The final component of this subsection of this review of literature includes articles on body systems. These articles discuss the physical injuries that affect specific systems and are referenced on Page 7. It is not possible in this summary to review all the types of injuries that can occur to each of the systems involved in the body. It should be mentioned that scores of articles were found which deal with each system. These articles deal specifically with some of the more unique aspects of trauma related to non-accidental injury as compared with trauma caused by accidental injury.

E. Early Recognition and Prevention

The "state of the art" has finally reached the point that early recognition and identification of problems of unusual rearing practices is now possible. An analogy is drawn between the identification and understanding of "serious disease model" such as cystic fibrosis and that of child abuse and neglect. The steps which one goes through to delineate the problem of a serious disease and the problem of child abuse and neglect are very similar. They include the following (Helfer and Kempe, 1968; Kempe and Helfer, 1972):

1. the presentation of the most serious form of the disease,
2. nonspecific and supportive treatment programs developed,
3. concurrent studies and research into the cause of the problem,
4. initiation of more specific treatment of the problems,
5. expansion of the concepts of this problem to related areas,
6. study and research in the early identification and prevention,
7. the initiation of screening and preventive programs.

The "natural history" of cystic fibrosis and child abuse is very similar. We are now at the stage of beginning more specific treatment programs while concurently developing early recognition and preventive endeavors (Kempe, 1972; monograph, Helfer and Schmidt).

The concept of screening (Frankenburg, 1971) brings up a variety of ethical issues, some of which are most emotionally charged. Whether or not one has the right to intervene in the lives of families to determine the parenting potential results in lengthy discussions (Eisenberg, 1973). Screening programs in this area are not attempting to determine parents who will physically abuse or neglect their children, rather they are trying to determine the "potential for parenting" and to what degree it may be present. If there is a very low potential for parenting, e.g., "high risk" parents, then intervention can occur to prevent detrimental effects upon the unborn or recently born child (Pediatric BASICS, see page 154 #12; Pavenstedt, 1973).

The types of programs that might be initiated, once parents with minimal potential are identified, can be offshoots of current existing programs that help these very same parents after physical abuse or neglect has occurred. These programs include (Pediatric BASICS):

1. family planning
2. skill and content learning experiences for parenting,
3. teaching trust,
4. improving self-image,
5. child development courses,
6. helping parents understand and support each other,
7. providing children with age related early childhood experiences,
8. teaching methods of problem solving and crisis resolution,
9. etcetera

The above could be provided by an active school system, church program, public health program, hospitals and the like. They will, no doubt, have a major benefit and long term effect (Clinical Proceedings, 1974; Fontana, 1973; British Medical Journal, 1973; Hall, 1974; Court, 1971; Bassett, 1974).

A critical definition from the literature concerns the difference between primary and secondary prevention (Gil, 1975). Secondary prevention is the initiation of treatment programs once the problem has been identified. Primary prevention, on the other hand, deals with early identification and treatment prior to the manifestation of the problem. Some sociologists have, unfortunately, taken a broad negative view of primary prevention. Gil suggests that it would be necessary to "require fundamental changes in social philosophies and value premises, and societal institutions, and human relations." His proposal is that "one ought to stop talking about primary prevention and face the fact that all one may be ready for is for measures of amelioration." Fortunately not all who report in the literature are so pessimistic. Frank Ferro (Ferro, 1975), for example, of the Office of Child Development, suggests that one way to treat the problem of child abuse is through "interdisciplinary exchanges and cooperation at all levels so that the most effective services may be developed to protect endangered children."

The recent publication of "Diagnostic Process and Treatment" published by the Office of Child Development ends with the statement: "The children who will benefit the most are as yet unborn." (Helfer, 1975c).

Less "Traditional" Medicine

The second section of this review is directed toward some of the less "traditional" interrelationships that have developed between medicine and other professional disciplines. This is covered in three sections:

A. effect of child abuse and neglect on the developmental processes of children (Illingworth, 1964; Chase, 1970; Elmer, 1967; Luckey, 1968; Menking, 1969; Filippi, 1968; Kenny, 1971; Peterson, 1973; Cohen, M., 1974; Brackbill, 1971; Tronick, n.d.; Fullerton, 1963),

B. attachment behavior (Frailberg, 1967; Bell, 1970; Bowlby, 1958; Bibring, 1959),

C. the interface of medicine and certain social and cultural issues that relate to child abuse and neglect (Ullman, 1965; Berger, 1966; Eastman, 1974; Watson, 1954; Klein, 1967; Linton, 1945; Allport, 1937; Sullivan, 1953).

A. Effect of Child Abuse and Neglect on the Developmental Processes

The review of the literature on the subject of child abuse and neglect has identified a number of articles which relate to the effect of the abuse and neglect on the developmental processes. As the findings of the various authors are assessed, one clear and decisive point comes through, i.e., insulting or interrupting normal developmental sequences has a significant effect on this dynamic process. Its effect may be permanent if it continues for a long (yet to be determined) period of time, or it may be temporary if interrupted and normal process allowed to "catch up" or take place.

Medicine has known for a number of years that certain insults to a developing child will have certain effects, some temporary and some permanent. For example, a growing child who is required, because of a serious disease, to be bedridden for several weeks followed by health and normal growth will show on his x-rays the insult of the illness for several months to come. It is clear that if you "bathe" a developing bone or tooth with certain drugs, that organ will be impregnated with the drug. In the case of the tooth, permanent staining will result. It is also realized that when a developing and growing child is given long term steroid medication, his growth slows down significantly during this process. When child developmental processes are so interrupted, permanent effect is seen, which manifests itself in a variety of ways in later childhood, adolescence and adulthood. Twelve studies are mentioned to support this concept. These vary from the process of learning how to chew food (Illingworth, 1964), to certain types of cognitive functions that children must learn in their first few years of life. Speech problems are almost universally seen in the area of abused children (Elmer, 1967). The failure to learn "loveability" (Peterson, 1973) during childhood and the development of hyperactivity (Kenny, 1971), as a result of certain insults during developmental stages are examples of the effect of insults to development. Montagu states (Montagu, 1971) "the failure to satisfy tactile needs in the human infant shows how damaging such deprivations can be, and how important such early satisfactions are." Some of the studies of importance in this area are listed below:

1. Illingworth and Lister found that if a baby is not given solid food shortly after he has learned to chew there may well be considerable difficulty in getting him to take solids later. Their concept of "critical or sensitive periods" of development is one that should be given recognition (Illingworth, 1964).

2. Chase and Martin studied 19 children under the age of one with a primary diagnosis of undernutrition. They found that this undernutrition was detrimental to later development, and that there was a period of rapid postnatal brain growth and cell division which they felt required maximum nutrition during these stages (Chase, 1970).

3. Elmer and Gregg found in their study of 50 children that speech defects were almost universal in this group. The hypothesis is that children were emotionally and/or physically abused during critical areas of speech development (Elmer, 1967).

4. Karen Peterson, from the Children's Psychiatric Hospital in Bronx, New York, reported in her article, "Contributions to an Abused Child's Unlovability: Failure in the Developmental Task and in the Mastery of Trauma" that she was able to demonstrate the child's vulnerability to psychological injury. The abused child's sense of helplessness, hopelessness, worthlessness, inadequacy, shame, and guilt are delineated in his capacity to predict object reactions and to anticipate object actions (Peterson, 1973).

5. Martin Cohen in the lay magazine, Today's Health, warns mothers that there are indeed critical periods in the development of a child when he can best learn certain skills and concepts. He quotes Dr. Burton L. White, Director of the Pre-school Project at Harvard University, as saying, "by the age of three, children should have acquired the ability to understand most of the language they will use in ordinary conversation . . ." (Cohen, M., 1974).

6. Yvonne Brackbill suggests that children will demonstrate a pacification effect if they are continuously stimulated. While she was not referring directly to constant stimulation of a screaming, overbearing, emotionally abusive mother, it seems clear that the withdrawal of some of these children is related to her findings (Brackbill, 1971).

7. Similar studies by Tronick and group from Boston Children's Hospital indicate that face-to-face interaction between mother and infant may cause some significant behaviors in a child. If, for example, a child is stimulated with facial gestures on the part of the mother, he becomes extremely excited (Tronick, n.d.).

8. Infantile rumination has been reported by some to be a distinct effect of certain maternal child interaction problems at key points of the child's development. Reports by Fullerton and others support this view (Fullerton, 1963; Luckey, 1968; Menking, 1969).

9. The delay in talking is reported by Filippi and Rousey to be related to significant interpersonal disturbances at critical areas of child development (Filippi, 1968).

10. Certain hyperactive children (apparently not all) may demonstrate significant interpersonal problems that have occurred in their family during critical areas of the development of the child in question. Whether the hyperactivity is actual or perceived on the part of the parents is something that is discussed by Kenny and group. On the other hand, 58% of the children were not felt to be hyperactive by the staff that observed them (Kenny, 1971).

11. Condon and Sander report that as early as the first day of life the human neonate moves in precise and sustained segments of movement that are synchronous with the articulated structure of adult speech. This indicates that the neonate has a role to play in the interaction with his mother and is an active participant

rather than a passive listener. If this is true then withholding this type of interaction from the child at certain key times in his development may well indeed decrease the ability of the child to actively participate with those about him (Condon, 1974).

12. Jerome Kagan has some positive things to report in "Cross-cultural Perspectives on Early Development." He states that infants who are deprived at certain segments of their development from the stimuli that would enhance the learning of certain skills or cognitive concepts can pick these up again at a later time if given appropriate stimuli (Kagen, 1973).

The devastating effect of not learning basic developmental concepts such as trust and the ability to solve problems places abused children in serious jeopardy. It is clear, from the review of the literature, that the basic research necessary to fully document these concepts has not been done.

B. Attachment Behavior

This section of the review summarizes attachment behavior, both in humans (Human studies: Klaus and Kennell, 1970a; Moss and Robson, 1968; Rheingold, 1971; Robson, 1972; Wolff, 1969; Formby, 1967; Klaus, 1970, 1967) and in animals (Animal studies: Newton and Newton, 1962; Lawick-Goodall, 1971; Harlow and Harlow, 1965; Brody, 1966). The reason for including this section in this review is that there are apparent critical relationships between the failure to attach to one's offspring and how the interaction between the parents and child will develop over the years (Provence and Lipton, 1962; Spitz, 1946; Bowlby, 1966). There is growing evidence that problems that develop in late pregnancy (Bibring, 1959) and the early neonatal period (Shaheen et al, 1968; Klein and Stern, 1971) may indeed result in some form of attachment problem. This is one of the explanations of why infants who are prematurely born are at higher risk of physical abuse, than infants who are full term.

The phenomenon of attachment is a fundamental developmental process which emerges during the first year of a child's life. The role that human attachment plays in facilitating emotional growth and well-being has been thoroughly described in the classic studies of maternal deprivation. Some authors have suggested that only consistent experiences over time can lead to an infant's establishment of an internal mental representation of the person who gives him care. Such a mental image fosters a young child's sense of security in maintaining an interactive relationship with the caregiver and a feeling of security in being able to leave the caregiver to explore the near environment. Situations which do not encourage an infant's attachment to adult caregivers deprive the individual of a capability in forming the human bonds necessary for maintaining meaningful interpersonal relationships.

Attachment provides the nurturance for physical and emotional growth. Frailberg (1967) has explained that in the absence of human ties, a conscience cannot be formed and qualities of self-observation and self-criticism fail to develop. She noted that the feeling of distance from others that is experienced by an unattached individual is accompanied by an emotional range impoverished of joy, guilt and remorse.

Cognitive studies contribute information that is helpful in understanding the emerging processes of attention, perception, learning and retention which indicate how a child attaches to his caregivers. Before cognitive mechanisms can actively operate to facilitate selective social behavior, an infant must first experience a fundamental attraction to other humans. How an infant differentiates a human individual as a unique object in the environment is contingent upon both his innate sensory capabilities and the stimulus qualities of those with whom he interacts. It is increasingly acknowledged that infants are born well endowed with a capacity for processing sensory visual stimulation, e.g., the ability to focus their vision on objects and to follow slowly moving targets. Interestingly, newborns are best able to focus on objects eight inches away from their faces or about the distance of the mother's face during a feeding.

The auditory system at birth is also well developed with a high degree of functional complexity. The neonate can make differential responses to stimuli which vary in pitch, intensity, and duration. Newborns are also born equipped with sensitivities to skin pressure and touch. A newborn's tactile sensitivity varies according to body part stimulated. Smell and taste sensitivities have also been demonstrated in newborns.

Given sensory ability and stimulus objectives, cognitive mechanisms begin to function as an infant between the ages of 4 and 8 months learns to distinguish different individuals and to recognize his mother as his familiar caregiver. Emotional bonds are forthcoming as the child selectively seeks proximity with those with whom he shares an attachment.

Bowlby (1958), a psychoanalyst with a biological perspective, maintains a dynamic point of view on attachment. He describes the attachment process as an interaction between innate behaviors of the infant such as crying, sucking, smiling, clinging and following and the parental responses which they elicit. Such a conceptualization underscores the role each partner plays in the creation of the human bond emerging between parent and child.

The early years of a child's life are thus the vital ones for the development of attachments between caregivers and their children. The availability of caregivers willing and able to provide an emotionally responsive climate for growth will affect the child's capacity for attachment and subsequent emotional and physical development. Attachment as an emotional investment in caregiving needs to be evident in parents' early responsive behavior towards their child if an environment for nurturing children's capacity for attachment to their caregivers is to be created.

A number of attachment studies of animals and of humans are found in the literature. These studies cannot be covered in detail here due to the necessary brevity of this summary; however, they are referenced above in this summary.

C. The Interface of Medicine and Certain Social and Cultural Issues Relating to Child Abuse and Neglect[1]

As indicated earlier in "The Changing Role of the Physician," medicine is facing a difficult time trying to interface with a variety of disciplines and social issues that arise when the problems of child abuse and neglect are considered. Briefly discussed above was the problem of bringing together the disciplines of medicine and law.

This seems relatively minor, however, compared with the problems of bringing medicine into direct contact with certain social and cultural issues. The family, for example, formerly defined by the mainstream of American culture as two parents and their children, now includes communes, single parent homes, biracial marriages, and marriages between people who have a variety of racial beliefs and cultural backgrounds. Concomitantly we see today a significant rise in divorce, illegitimate children, and confusion as to who really are the parents of the children for whom the physicians are asked to care. Those involved in family practice, therefore, often have difficulty really determining who and what a family really is.

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[1] References for this section: Ullman, 1965; Berger, 1966; Eastman, 1974; Watson, 1954; Klein, 1967; Linton, 1945; Allport, 1937; Sullivan, 1953.

As children's rights are beginning to be recognized, professionals are being called upon to make judgements as to the definition of proper parenting (American Academy of Pediatrics). Physicians are asked to determine what is injurious to children from a physical point of view, while psychologists and psychiatrists are asked to determine the problems relating to the psychological make-up of the child. The American Academy of Pediatrics recently has developed a special subcommittee to deal with how they, as a professional organization, might advise their membership as to the role to play in advising parents on what consitutes "proper parenting."

The right to choose or not to choose to bear children may eventually be determined by professionals and tested by the courts. This may not be too far removed from reality, when one considers the advances in genetics and other methods of predicting the outcome of pregnancies.

No longer can the medical profession avoid involvment in these issues. Physicians in the past were accustomed to a rather isolated existence. They were trained for approximately ten years in a relative vaccuum: eating, breathing, and sleeping medicine. Now the patients, communities, and governments are demanding a broader, more comprehensive understanding from the world of medicine. The reaction of the profession is considerably less certain than are the demands.

Do physicians, for example, have the right or obligation to become involved with the affairs of child rearing? What consitutes death now that the heart and lungs can be "kept alive," and kidneys can be transplanted? What are the rights of patients and parents to know, even choose, what is to happen to them or their children? Are we allowed to become involved if the child is being maimed or tortured, and uninvolved if toilet training is delayed three months beyond some arbitrary time period?

Where does the physician's responsibility lie: with the child, or the parents, or somewhere in between? Now that prediction of unusual child rearing practices is becoming a reality, how are rights to rear or to be reared in a reasonable way protected? Should a doctor who delivers a newborn of a sixteen year old, runaway girl who is a drug addict send that baby "home"? Where is home?

It is clear that medical school did not teach physicians how to answer these questions or even how to interrelate with other professionals who are beginning to come up with some kind of logical approach to these difficult problems.

These are some of the basic issues that are brought forth in the literature in this area. Doctors rarely see themselves as agents of change. The 'don't-make-waves" philosophy permeates the medical profession, resulting in a group of individuals who are often isolated from their community and very conservative in their political philosophies.

One of the basic problems in trying to implement an interface between the medical profession and certain social and cultural issues, is that the differences are so immense that the language is not even the same (Ullman, 1965). While the education of the physician is extensive, it is not broad which makes for increased difficulties when physicians try to understand and converse with those in sociology, philosophy, ethics, religion and the like. Society seems to make the assumption that doctors are "all knowing" and are surprised to find that they have been minimally educated in the field of social and cultural issues. Physicians find it difficult to function when presented with these problems.

1. Characterization and Socialization of Abusive Parents

Three factors in both our discussion of abusive and neglectful parents and normal human development stand out as a cause of dysfunction. The first is the type of human interaction used by abusive parents as an aid in solving problems. These parents live in isolation, do not trust others and hence solve problems in isolation. The second is the belief in the rightness of solutions, as it relates to ethnocentrism. This provides confidence and satisfaction to the individual. Abusive parents feel that their solutions are wrong, their past decisions were wrong, and probably their future decisions will also be wrong. This lack of confidence and pride contributes to a rigid adherence to already proven unsuccessful solutions or to an inconsistent vacillation from one solution to another. In the first instance, there is little room for growth and in the second, no continuity or history to build upon. Third, the crises of life provide an opportunity for the individual to assess past achievements, prepare for new or altered responsibilities, and most importantly an opportunity to change life directions if dissatisfaction with the previous life style was present. Abusive parents find these crises debilitating, although they may be dissatisfied, they see no end to the dissatisfaction. They either feel there is no hope of a better solution or jump to a new solution without regard to its relationship with past solutions.

The rearing of these parents reflects a similar pattern in their parents. During the rearing process these children were subjected to considerable anxiety regarding the "rightness" of their behavior, followed by either impossibly high standards so that praise was never present or inconsistent demands so that the same behavior elicited punishment on one occasion and praise on another. The result was a low self-esteem and a fear of interaction.

Parents reared in a more "normal" fashion exhibit the same abusive characteristics when faced with isolation and/or a difficult infant. Hypothetically, it is possible, although no studies have been done, for abused children to not abuse their children. This could occur as the result of establishing satisfying interactions with schoolmates and others upon approaching adulthood and parenthood. In spite of abusive parents having serious child rearing and relationship problems, some are able to perform well in work situations, where interactions are less personal. The dynamics which are related to the abuse of children can be improved by manipulating the environment, are increased in certain situations, and are not synonymous with dysfunction in other areas of behavior.

Abusive parents require a consistent view of themselves as much as anyone else would. The security of seeing yourself as negative when you have been accustomed to seeing yourself in this manner is as strong as seeing yourself with high self-esteem. The process of distorting reality so that the negative rather than positive remarks of others are picked up, the process of adopting behavioral habits which keep people at a distance, the ability to find people who will reinforce your negative image of yourself, all these are strong self-image reinforcers. As habits of a society will not readily change until time has shown them to be advantageous, neither will individual behavior patterns change until time has shown the changes to be advantageous.

In the process of change it is most advantageous to help the parent to re-evaluate his past behavior. To reject all prior behavior as negative, serves to reinforce an already negative self-image. In helping the parent sort out negative from positive experiences, a base of behavior is built for therapeutic change rather than starting from scratch. Resistance from the parent is lessened when he can relate to a central identity of himself which is not incongruent with required changes.

2. Enforcement of Societal Norms

The concept of norms suggests that higher standards of behavior are held by individuals than by the general population. Even though divorce is common, single parents are still seen as somewhat inadequate; likewise are parents of illegitimate children. Even though the use of legal and illegal drugs and alcohol are widespread, they are seen as not appropriate for parenthood. The tendency is then to try to correlate these problems with child abuse and neglect; the logic being that if you fail in one norm you will fail also as a parent. The societal fear seems related to the notion that if you do not comply with a societal norm, hence you are not a good parent. This judgement of parenting is quite different from a judgement regarding the quality of care provided for children.

In a study of alcoholism, children not socialized to drink at home had a greater chance of becoming alcoholics than children socialized to drink at home (Ullman, 1965). In a study of legal drug use by parents and teenage use of marijuana, teenagers were more influenced by peers than by parents' use of drugs (Kandel, 1973). Arguments for the legalization of abortion cite a reduction in child abuse as an outcome from legal abortions. Research regarding abusive families indicates that children are wanted; that many may not seek abortions if available to them. In a study of abortion, a decrease in abandoned babies was cited after legalization of abortion (Lanman, 1974). Abandoned babies are not synonymous with abused babies; when abused children are removed for their protection, parents are angry and fight to have them returned, they do not gladly surrender them.

Parents who do not comply with societal norms may abuse or neglect their children or they may not. Likewise parents who are very compliant with societal norms may abuse their children or they may not. The problems of nonconformity are quite separate issues from the rearing of emotionally and physically healthy children. It would seem more appropriate to judge parenting skills rather than conformity or nonconformity. If treatment is needed, treatment of parenting and relationship problems should be paramount, not treatment of nonconformity.

In conclusion, the abuse and neglect of children has existed for centuries both by families and by societies. It has only been in the past 100 years that we have begun to see it as a problem. It would seem that our recognition of child abuse as a problem is a positive sign of humanitarian growth in our society.

The danger of our recognition of abuse and neglect as a problem is that it may result in its diagnosis as a method of punishing nonconforming and proverty stricken parents and their children. To discover child abuse in a family, to remove the child or children and subject the parents to punishment is to reinforce in the parent the same treatment they received as a child.

The advantage of developing effective means to intervene in abuse and neglect situations is that of developing treatment programs which aid families in overcoming problems, aid parents in the difficult job of rearing children, and aid professionals in overcoming class and unidisciplinary biases.

D. Concluding Remarks

Throughout this review a number of gaps are identified. These must be given serious consideration by those who have access to both funds and policy-making. Some of these gaps are listed below:

1. There has been minimal basic research in the area of child abuse and neglect. This is particularly true in looking at the effects of abuse and neglect on the early developmental processes. Studies have been done in other fields to delineate the manner in which trust and problem solving are learned. However, these studies have not filtered into the field of medicine where the pathology from failure to learn these concepts presents itself. It is very clear that research programs and funds must be generated to bring together the basic developmental psychologists with those who are actively involved in dealing with the pathological aspects of abuse and neglect. In this way, certain basic research studies in early child development can be performed.

2. There is a void in the literature of good studies that demonstrate methods of improving the interface between medicine and law. The issues discussed in this section are serious and must be dealt with.

3. There is no good atlas in the area of child abuse and neglect. Colored photographs are missing, particularly in outlining the less obvious findings of abuse and neglect. Any lay person could identify the seriously abused, tortured child. What is needed is a detailed atlas of more subtle findings. While this would take a federal subsidy to a publishing house, it would be well worth the effort.

4. The discussion of sexual abuse is essentially absent from the literature. Little information is available as to how it should be approached; the kinds of treatment programs that might be helpful; how medicine, the law, and other professionals might help these families, etc.

5. There is minimal information as to the kinds of services that might be helpful in teaching parenting to parents who have never experienced childhood. Programs such as "Parent Effectiveness Training" are courses that are beyond the basic understanding

of most abusive parents. There must be a "pre-parent effectiveness training" course for those who have never experienced the minimal basic needs of childhood.

6. Basic research studies as to the degree of force it takes to fracture a given bond, or the degree of temperature that is required to cause a certain type of burn have not been done. While difficult, these studies could be done either in retrospective or by prospective research.

7. Methods of brining into the basic education program for physicians, lawyers, social workers, and others the problems of child abuse and neglect must be explored. Until students' experience is enhanced, there will be little improvement in the problems of bringing these disciplines together.

8. Certain methods of delivering service in the medical community have been shown to be beneficial. These must be expanded into the social service community. Studies in this area should be done. The example of regionalization of newborn care is appropriate. Not every county in this country could possibly afford the facilities and expertise necessary to deliver intensive care to a sick newborn. And in like manner, not every county in this country can possibly afford the expertise necessary to deliver intensive care to the abused and/or neglected child and his family. Day care does not mean only medical care, rather a combination of legal services, social services, psychological services, medical services, and the like. Research must be done to clearly explore the hypothesis that a "reliance on the county system of delivering of services to these families will result in never resolving the basic problems of abuse and neglect."

9. Studies on prediction and prevention must be funded. Specific emphasis must be given to determine how these programs can be implemented on a large scale. Clearly the traditions of Departments of Social Services do not lend themselves to primary prevention.

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III. The Laws on Child Abuse and Neglect:

A Review of the Research

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Introduction

It is a cherished American tradition that the individual has the right to raise his children according to his personal dictates. Law sanctifies the tradition by granting to parents legal custody of their children and by the legal presumption that parental love and concern will provide children with all necessary care and protection. The privacy of parents to raise their children by their own standards is questioned only when evidence to the contrary reaches a court or a wide and horrified public. The first instance of a public aroused by child abuse was the cruel death of Mary Ellen in 1874, which eventually led to the passage of the Protective Services Acts and the Cruelty to Children criminal acts at the turn of the century. The most recent example was the medical evidence of the battered child syndrome documented by Kempe et al in 1962 that stimulated the passage of the child abuse reporting acts.

During the last fifteen years child abuse and neglect has been of high legal concern. Next to divorce it is the most frequently discussed topic in the legal literature on parents and children. Nevertheless, the legal response to abuse and neglect has been inconclusive except for a profound shift in emphasis, from the legislative desire to punish evidenced in the Cruelty to Children statutes of the late 1800's to the legislative hope for parental reform in the reporting acts of the 1960's and 1970's. The legal literature clusters around two poles: the need to intervene, on the one hand, and the failure of the law and the courts to evolve an effective and fair method for intervention, on the other. There has been a sophisticated presentation of an old problem which, because of its complexity and of the nature of the legal system, cannot easily be solved.

Difficulties and Limitations of Legal Research

Legal research differs from that in the social sciences in both its scope and method of investigation. The study of the law is a review of the legislation and case holdings in fifty states. To speak, then, of the law of child abuse and neglect is not to refer to a body of law but to fifty sets of laws and their judicial interpretations. The field is further complicated by: (1) the classification of abuse or neglect as a crime or civil wrongdoing; (2) the difficulty of defining instances of abuse and neglect (especially the latter); (3) the great variations in such definitions among even the jurisdictions of a single state; (4) the complexities of intra- and interstate jurisdiction; (5) the exclusion of some Indians, military personnel and the latter's dependents from state law; (6) the problem of balancing parents' and children's rights; and (7) the efficacy of applying the legal system to the solution of intricate human problems.

The law, furthermore, must be understood as primarily a conservator of accepted values. By tradition, law stresses precision and stability; it is a responder to situations, not a creator of social solutions. The method of legal research, therefore, tends either to elaborate the needs for new legislation or to focus on existing laws, cases or legal and judicial institutions. Legal research generally falls into four broad categories:

A. the need, where a statutory framework or an expanded right is suggested as an answer to a demonstrated problem;

B. descriptions or analyses of current laws;

C. *implications* of particular laws or case holdings; and

D. *descriptions* and *evaluations* of the operations of particular laws and the relevant legal and judicial agencies.

The first three are "first generation" articles that attempt to judiciously apply legal principles to foresight. They deal with the promise. The last is "second generation;" it concentrates on the reality. These articles ask whether a law and its enabling institutions is accomplishing its stated aim. The usual methodology is either the use of questionnaires or of personal interviews and observations. Occasionally the evaluating article attempts to integrate data on legal performance with that from the social sciences. This interdisciplinary approach may result in either a deeper examination of underlying premises, or a healthy skepticism towards the efficacy of laws to mitigate child abuse or neglect.

This analysis of the research will focus on the law as a system of several parts: the *legislation*: its contents, implementation, operations and effectiveness; the *courts*: their structure, jurisdiction and operations; the *relationship* between the legal and social services institutions; and the *conflict* between parents' and children's rights. It will deal mainly with the legal literature and make references only to the major case holdings.

The Legislation

Legislation on child abuse and neglect falls into four categories:

A. criminal statutes that permit a state to prosecute those who harm or cause harm to befall children;

B. juvenile or family court acts that permit such courts to assume protective custody or supervision over "neglected" children. (In some states, evidence of abuse will establish a court's "neglect" jurisdiction. In addition, all states grant juvenile courts emergency jurisdiction to order the temporary removal of a child from a dangerous home.);

C. legislation that establishes protective services for abused and neglected children as part of a comprehensive program of public child welfare services;

D. reporting statutes that encourage or mandate the reporting of actual or suspected abuse or neglect for the child's protection and the family's treatment. Occasionally the reporting statutes will also contain criminal sanctions, as for failure to report by a mandated class of reporters.

All four types of legislation exist in many states.

The mode and history of legislative response to abuse and neglect was studied by Thomas (1972). He found it to be cyclical and greatly affected by the prevailing attitudes and knowledge of the times. The nineteenth century punished; the twentieth century treats. Although no single category has proved either a complete success or failure, each has its strengths and weaknesses. These are best outlined by Paulsen in his 1966 analyses of the legal forework for child protection.

A. Criminal Laws

Criminal laws are the oldest type of laws dealing with child abuse. They are perhaps the least effective and certainly the most criticed. In every state an abusing or neglecting parent can be charged with the traditional interpersonal crimes, such as murder, manslaughter, and assault and battery. Paulsen describes the difficulties of proving either the requisite intent to kill necessary for murder convictions or the degree of force in excess of a parent's recognized privilege to discipline his children which is needed for assault and battery. Consequently, prosecutors move cautiously, and deaths are usually tried under manslaughter.

The criminal laws against abuse and neglect also include cruelty (or wrong) to children statutes that provide penalties for abandonment; torture, torment, impairment of morals and other injuries to children; child labor or laws forbidding commercial exploitation of children; penalties for desertation or nonsupport of minors; and a host of laws protecting children from sexual abuse. A parent or adult may also be prosecuted for "contributing" to delinquency or dependency of a child below a statutory age.

Despite this arsenal of laws, criminal prosecution of parents is rare (Paulsen, 1966; Goodpaster and Angel, 1975), and the whole process has been criticized repeatedly as being ineffective and even detrimental to the treatment or prevention of abuse and neglect (e.g., Fraser, 1974a; Delaney, 1972). Criminal prosecutions are lengthy and final civil disposition on the child's future is usually delayed until the criminal process is completed. The result is that the child either spends an extended period of time in foster care or, if left with the family, is subjected to unusual tension.

The criminal process, furthermore, seems to do little to rehabilitate the parent. It only serves to further alienate him from his family and from those who seek to provide treatment for them or reinforces the parents' sense of frustration and inadequacy (Terr and Watson, 1968). If a parent is acquitted, he may feel his conduct to be vindicated and have his battering tendencies strengthened, although his ordeal will cause him to be more subtle and cunning (Delaney, 1972). If he is convicted, the whole family may suffer from the separation of imprisonment or the diminishment of family income by a fine.

The literature is unanimous in recommending prosecution only in cases which result in death, sadism, or serious injury to the child (e.g., Allot, 1972; Fraser, 1974a; Delaney, 1972). Existing legislation appears adequate for such instances. However, Allot (1972) and our conversations with representatives of Parents Anonymous and police departments nationwide suggest that, although criminal penalties are an ineffective remedy to abuse and neglect, the threat of prosecution may be necessary to induce some parents to have treatment.

The procedures and effectiveness of the criminal approach to abuse and neglect have been extensively investigated, but it might be helpful to know:

1. the effects of threat-induced treatment;
2. the effects of prison separation on the family and the parent imprisoned;
3. the effects of the return of an imprisoned parent;
4. provisions for the treatment of the imprisoned parent and members of his family;
5. provisions for the child(ren)'s care in the event of the imprisonment of a single parent and the long-term effects on the child(ren).

B. The Reporting Statutes

The latest hope for a legally wrought change in the age old problem of abuse are the reporting statutes, with the help of which cases are to be found and treated. However, since the legislative process is involved, the statutes will succeed only if they are appropriate to the purpose, based on adequate and accurate information, understood by all involved, adequately implemented, and provided with an enforcement mechanism that is continuous, well-funded and able to provide the training, supervision and coordination of services. The current information on these factors as they relate to the reporting laws paints a mixed picture.

1. Content of the Legislation

The work of DeFrancis and Lucht (1970, 1974) is the definitive bible of the legislative provisions of the reporting laws in the fifty states, the District of Columbia, Guam, and the Virgin Islands. Along with the digest of the laws themselves, the authors provide an analysis of trends, duplications and unnecessary (or dangerous) provisions. Their work covers the legislation through 1973. Katz et al's examination of the neglect laws (1975) includes the reporting laws and amendments through 1974. Our review of the last year's efforts showed few significant changes other than an increase in the number of mandated reporters (Sawitsky, 1975, unpublished).

Sussman and Cohen (1974, 1975) have made the most comprehensive examination of the problems and implications of the types of reporting legislation. Their book (1975) is to date the best examination of the implications and operations of these laws.

2. Precipitation Factors

The rush towards the enactment of reporting laws started with the publication of a model statute by the Children's Bureau in 1963. A year earlier, the Bureau had held a conference of medical and social work professionals to discuss the implications of the Kempe et al Battered Child Syndrome. Appalled at the apparent increase in abuse and fearful of the consequences, these professionals felt a legally sanctioned casefinding tool was necessary in order to break the cycle of abused child becoming abusing parent or delinquent. The assumption behind the reporting laws was that state intervention was essential and successful treatment of both parents and children possible.

The immediate stimulus for a reporting law tends to be a reaction either to a tragic death, such as that of 3-year old Roxanne Fulmero in New York in 1969, or to statistics suggesting an increase in the incidence of abuse or neglect. Yet the figures of incidence and distribution themselves vary greatly. They will depend on the definition of abuse and the predictive model (cf. e.g., Gil, 1970; Light, 1973; and Lauer et al, 1974). Sussman and Cohen (1975b) surveyed the use of "official" figures of abuse and neglect over a decade and concluded that they should be viewed with great caution.

That many of the laws were hasty responses to inadequate information is demonstrated by the great number of amendments. Between 1967 and 1970, 18 states and the Virgin Islands changed their laws. In the next three years, 37 states followed suit (DeFrancis and Lucht, 1974). Another ten made amendments in 1974-75, but as stated these are minor in nature, except for Vermont which revamped its entire child abuse procedure (Sawitsky, 1975 unpublished). Perhaps the most publicized amendment occurred in New York State after the Fulmero death when the state legislature established a special factfinding committee that held meetings throughout the state on the operations of the act and ultimately made provisions for the appointment of a counsel for all abused children (Comment, Cornell Law Review, 1970, 1972; Comment, Columbia Journal of Law and Social Problems, 1971).

The Revised Model Child Abuse and Neglect Reporting Act attempts to remedy some of the troublesome provisions of the first decade of reporting laws. It is included in the appendix. (See also Sussman and Cohen, 1975).

3. Translating the Legislative Mandate into Action

a. Education of reporters

Little is known about the process whereby the requirements of legislation are made known to the public. The legislative system itself does not assume this responsibility and leaves it instead to the media or special interest groups to spread the information. Cohen (1975a) surveyed the opinions and attitudes of 1496 individuals engaged in abuse or neglect services in all 50 states. He found the respondents generally familiar with their state's reporting requirements. However, in a later study on the actual operations of reporting laws in California, Colorado, New York, and West Virginia, he discovered extensive ignorance on the problem of abuse and neglect as well as the specifics of legislation (1975b). Some of this confusion arises from the absence of a responsible single source of dissemination; some, from legislative provisions that require reporting to more than one source (DeFrancis, 1974) or a lack of legislative clarity in delegating the responsibility for abuse and neglect investigations (Zawisza et al, 1974).

b. Implementation

How is the social policy of abuse legislation translated into an effective operation? How is it followed through from act to action? From the start, many commentators, among them Paulsen and Johnson, warned that without adequate goals, organization and funding the best of legislative intentions would be futile. Although there is an increasing literature that urges limited intervention because the services or disposition have not proved beneficial (e.g., Wald, 1975; Mnookin, 1973), there have been few studies of the actual implementation procedures that followed the reporting laws.

Davoren (1973), Hoshino and Yoder (1973), and Theilsen (1973), have conducted inquiries into the implementation of a reporting statute within a state. Hoshino and Yoder and Theilsen concluded that the policy behind a newly enacted law is given its final form through administrative decisions, and is often created with no guiding criteria. Policy will be further confused if the law's operations involve several agencies that work at cross purposes (Goodpaster and Angel, 1975) or who compete for the same monies.

4. Operations: The Services

a. Structure of services

Several investigators have concentrated on the law in practice: S. Cohen (op. cit.); Goodpaster and Angel (California, 1975); Johnson (Southeastern states, 1973) and Zawiska et al (10 states, 1974). Johnson's work is unusual in that it compares relative success in operation with structure of operations. For example, she discovered that the best functioning operations were those centralized in a state agency because they were able to follow through policy, supervise training and local consultations, provide better statewide services, keep tabs on reported cases (since all records were in one place), and evaluate results.

Centralization alone, however, is no guarantee of success. Newberger et al (1973) found the Massachusetts Department of Public Welfare, given sole responsibility for abuse and neglect reports by the legislature, unable to cope with the burgeoning number of cases. They recommended a subcontracting of some of its cases.

b. Funding of services

Funding is a critical variable in the success of any organization. In abuse, only Johnson (1973) has studied funding patterns and their optimal use. She concluded that the best use of money occurs where there is a single agency in charge of both policy and program and when the funds themselves are a mixture of state and federal funds. No work has been done on the amounts necessary for successful programs, or the timing of funding necessary for viable planning. This is especially important since the passage of the 1974 National Child Abuse Prevention and Treatment Act that seems to stress the use of federal money for research at the expense of programs, newer organizations at the expense of old. This topic will be discussed in greater detail in the conclusion and recommendations for research.

5. Operations: The Reporting Process

a. The Protected Individual

The trend in recent years has been to increase the age of the child protected by statute. Most states cover minors through 18 years. The new Child Abuse Prevention Act and the Revised Model Abuse and Neglect Reporting Act covers children through the age of 18. A few states also include within the protection of abuse persons other than minors who cannot protect themselves, such as the mentally retarded (Delaware and Washington) or the physically disabled (Ohio and Nebraska).

b. The Reporter

(1) Mandatory and permissive reporting

Virtually all the states mandate the reporting of abuse by certain professionals. This imposition of a legal duty to report is a reflection by legislatures that conscience alone will not result in official notification. The Revised Model Reporting Act mandates only suspected cases of physical abuse and leaves suspicions of physical or emotional neglect permissive in recognition of the greater cultural and observational difficulties in defining neglect, the less critical need for intervention and the non-court alternatives for help.

All states today expressly or by implication require physicians to report suspected abuse. State laws now also require that abuse be reported by hospital workers and administrators (38), practitioners of the healing arts (8), chiropractors (17), pharmacists (5), nurses (39), teachers (25), other school personnel (20), social workers (32), law enforcement officials (16), coroners or medical examiners (10), psychologists (7), optometrists (8), podiatrists (11), religious healers (8), and child care institutions (11). All these categories have continued to increase with the years, as has the category of "any person," now included in the reporting laws of 31 states. Mindful of the traditional privilege of confidential relationships of attorney/client and clergyman/parishioner, only three states mandate reporting of abuse by clergymen and two by lawyers (DeFrancis, 1974 and our figures). The broadened scope of mandated reporting is a significant trend of the early 1970's.

(2) Identification of perpetrators

Reporters are in a difficult position when the legislation requires report of an injury inflicted by parents, caretakers, or others named by group. This makes the reporter an accuser, a particularly hazardous situation in the five of the twelve states using the above language where abuse is also part of the criminal code. Identification has been soundly criticized as a betrayal of the spirit of reporting as well as a futile exercise in affixing blame.

A separate problem with isolating reports to injuries or neglect committed by those responsible for a child's care is that the law may unwittingly exclude from liability abuse perpetrated by a person not responsible for that care, such as a parent's lover, an institution, teacher, babysitter, or sibling. Such limitations have been criticized by Daly (1969) as creating an unnecessary loophole, which the Revised Model Act tries to close with a broader definition of those responsible and the use of "family" to include custodial setting where the harm occurred.

(3) Facilitations to reporting

All states grant immunity to the reporters. A few grant immunity only from civil actions; most grant immunity from civil and criminal liability. The tendency is to increase the scope of immunity so long as the report was in "good faith" (DeFrancis, 1974; Sussman, 1974; our figures).

Twenty states impose penalties for failure to report. These range from $500-1,000 fines to simple misdemeanors to imprisonments of up to one year. It must be remembered that most of these sanctions (and imprisonment is a criminal sanction) are placed within the context of civil laws. Many commentators, therefore, have urged their abandonment, since the identification of child abuse or neglect is not as simple as that of an ordinary crime. Those in favor, and this includes the Revised Model Reporting Act, claim that the prospect of a penalty may help to overcome other barriers to reporting, and that mandatory reporting without a means of enforcement is a contradiction. Although the number of states with penalties has remained constant for the last few years, it is interesting to note that Illinois removed its original penalty provision because the legislators felt prosecutors would have difficulty in determining whether failure to report was caused by willfulness or bad judgment. Probably a greater risk for physicians and other mandated reporters is prosecution under a negligence *per se* theory (Fraser, 1974). At least two suits have been filed on this theory, and one was settled out of court for $600,000 (Sussman, 1974; Fraser, 1974; Kohlman, 1974).

c. The report: what, how, and to whom

Critical to well-functioning legislation is facility in the reporting process and utility by the receiving agency. The great majority of states (31) require only an initial oral report, followed in writing by information such as the name and address of the child and his parents or guardians, the child's age, nature of injuries, evidence of prior injuries and additional relevant material. The other states require only written reports, a combination of written and oral reports, or leave the method to the reporter's option.

Written reports have been criticized as a deterrent to reporting, since many reporters, especially physicians, do not have the time to write reports or may not wish to "go on the record." Although easiest on the reporter, oral reports do require substantiation. Florida's WATS line, considered the most efficient reporting system in the United States, has experienced a sixty percent rate of validity (Nagi, 1975). This means that a good deal of time and money is expended on false leads which might have been prevented with the requirement of some written verification.

Ideally, reports should be made to a central source and maintained by the group responsible for substantiation and follow-through. In practice, the states require the reports to be made to three general sources: county or state departments of social services or public welfare (42); juvenile or family courts (10); court-designated agencies (2); law-enforcement officials such as district attorneys, police departments, sheriffs and state police (35). Only 19 states and the District of Columbia limit the incoming reports to a single source. Thirty states allow reporting to more than a single agency; and eight give the reporter a choice of four separate groups to which to report (DeFrancis, 1974).

d. Central registries

(1) Background

Central registries for the reporting of cases of abuse are required by law in 34 states (DeFrancis, 1974; and our figures, 1975). They exist for neglect in 39 states

(Katz et al, 1975). Similar records are maintained by the appropriate agency as a matter of administrative policy in several states.

Five major purposes for registries have been suggested: First, when properly cross-indexed, registries can be used to flag repeated incidents involving the same child or family. This is designed to prevent parents from avoiding detection by bringing the child to a different hospital for each injury. Second, the registry can provide a source of data into the research on the causes and patterns of child abuse and neglect. Third, ready access to this information can help a doctor make a diagnosis in cases where the physiological evidence may be inconclusive. Fourth, the reports can be used as evidence in proceedings brought to protect the child or to prosecute his caretakers. And fifth, the registry can facilitate management through a speedy distribution of case load and follow-up. The legislation varies greatly. Some specify the above registries and leave the rest to administrative discretion (Fraser, 1974b and our figures, 1975).

(2) Operations

With the exception of Johnson's in-depth study of the operations of reporting laws (1973) and S. Cohen's four-state investigation (1975b), the literature on central registries is primarily descriptive. Fraser (1974b), Cohen and Sussman (1975c), and Katz et al (1975) provide the most recent surveys of the current state of the legislation.

Elements for efficient registries are thought to be location at the state agency responsible for the child protective services, accurate records, a cross-indexing system, speedy filing of local reports, procedures for the initiation and monitoring of immediate follow-up for repeat cases.

Cohen's four-state investigation (1975b) discovered the use of central registries to be the most misunderstood provision of the reporting legislation. Users were confused on requirements of the report and for access. Only serious cases were communicated and the registries themselves seemed to perform few of their intended services. Since no track was kept of the hospital-hunter, Cohen's preliminary conclusion is that registries fail in their diagnostic function. He found that New York State did try to use registries as an insurance for the receipt of services. Our own inquiries in Massachusetts produced the information that the so-called Massachusetts Central Registry is in fact a two-drawer file of the overworked director of the Inflicted Injuries Unit of the Department of Public Welfare.

Johnson has been alone in concentrating on the requirements of reports for research purposes. She suggests they contain background information along with a record and evaluation of all services rendered. Fraser (1974b) and others want reports to include information such as the time of the incident, socio-economic background of the family, unusual child or parent characteristics, size of family, number of siblings, and other possible contributing factors such as unemployment or the use of alcohol or drugs by a parent information not now usually included.

(3) Access

Access to registry records poses the legal problem of invading the privacy of those reported. There is no consistent pattern in the legislative treatment of this confidentiality. Some laws contain vague statements stressing the importance of confidentiality; others limit registry use to specified professionals and purposes. A few states make unauthorized use a misdemeanor.

Biederman (1975) and others criticize the mere use of a registry as an invasion of privacy, the fear being that the filed report will produce a stigma on both the abuser and abused. Fraser's (1974b) and Cohen and Sussman's (1975a) concern is that many listings are actually only the reporter's suspicions, that are recorded without due process to those reported and can be damaging if made public. Facile access by phone or computer aggravate the threat to confidentiality in their view. However, here the right to privacy (really an aspect of the parent's right) must be weighed against the value of information leading to a diagnosis of a developing syndrome of abuse.

(4) Expungement

It has been argued that since the overall purpose of the central registry is to aid in the protection of the child, there is no need to maintain these records after the child has reached the age of emancipation and is thus able to protect himself. Yet only four states have statutory provisions for automatic expungement. Fraser (1974b) suggests the records be removed from registries, sealed but not destroyed, since abuse or neglect can involve more than one child in a family.

(5) National Registries

A few states suggest the need for voluntary interstate exchange of records and the creation of a national registration system. Those who see state registries as threats to personal privacy would find the power of a national file doubly alarming. The argument on the other side urges a coordinated system as an essential case-finding tool for a mobile society.

6. Problems

a. Definitions of abuse and neglect

Definitions are important in the law of abuse and neglect because they affect the reporter, the report, the jurisdiction, the quantity and quality of the evidence, and the duty of the protective services. Only 19 of the reporting statutes include definitions of abuse, while others speak in terms of omissions of commonly held parental duties. Even this is of little help, for the ambiguity-laden words of neglect and abuse present several problems in definition.

First is the fact that any assessment of abuse or neglect must involve facts and values, physical or emotional acts or impacts, intended and unintended movements. These will vary with the individual and his professional outlook. Nagi (1975) asked professionals involved with abuse and neglect to react to the statement, "It is difficult to say what is and what is not child mistreatment." Respondents from protective service agencies representing 56 percent of the population surveyed and from police departments representing 64 percent of the same population agreed with the statement. Even higher percentages of judges and physicians indicated a similar uncertainty. Tamilia (1971), a judge, notes that this uncertainty is shared by both the legal and social work professions.

The second problem in definition is the classification of abuse or neglect as a crime or civil wrongdoing. In crimes, the state is the moving party and the remedy, a form of punishment by either imprisonment or the payment of a fine. In civil actions, the opposing parties are generally individual citizens or corporations and the remedy, monetary damages. The difference is important: parents found guilty under a civil law may risk losing temporary or permanent custody of their children. Those guilty under a criminal law may be removed from their children by imprisonment. Either way, the remedy may disrupt a family, or substitute punishment for therapy. Some argue that civil termination of parental rights is severe enough a sanction to transform a civil act into a crime without the necessary due process requirements (Comment, Columbia Law Review, 1970).

This classification significantly affects the quality of due process of the defendant. Crimes require clear definition of the criminal act or omission of a legal duty, else they may be void for vagueness. They require willed acts within the criminal concept. (Unconscious acts or those committed by persons deemed incompetent fail as crimes for lack of the necessary intent.) And they require the highest level of due process which includes proof beyond a reasonable doubt of every element of the alleged crime. Civil wrongdoing only requires a preponderance of the evidence for guilt. Although difficult to define quantitatively, preponderance generally refers to more than half, or 51 percent, of the evidence.

The criminal standard provides the greatest safeguard for the parent by placing the greatest burden on the prosecutor. But this concern for the parent's rights may be at the expense of the child's welfare or safety if it results in the retention of custody by an unfit parent. After considerable legal debate the alternative "clear and convincing" standard is now being advocated in such cases--more than "preponderance," but less than "beyond a reasonable doubt" (Comment, Emory Law Journal, 1975; Unpublished Model Termination of Parents Right Act, 1975).

The rules of civil and criminal evidence themselves can differ and often present special problems in abuse and neglect cases (Brown et al, 1974; Plaine, 1974). There seems to be a slight trend towards increasing the type of permissible evidence in criminal cases. Other complications, such as the child's age, intrafamily and professional immunities from testimony, are dealt with in waiver of privileges in state legislation. Twenty-eight states have abrogated both the husband/wife and doctor/patient privilege, the two greatest roadblocks to the establishment of a prima facie case. Sixteen others waive one or the other. The Revised Model Reporting Act would abolish all privileges but that of the attorney-client, so that parent and child can secure a fair trial.

The last definition problem is the determination of the degree and type of injury necessary to warrant outside intervention. Should it concentrate on the injury itself or on current or future harm?

Physical injury and harm is the least complicated. It involves visible proof that can be diagnosed with the backlog of medical data on the battered child (e.g., Silverman, 1975). The same is generally true for the severely neglected child, whose symptoms fall into the well-documented failure to thrive syndrome.

The debate surrounding physical harm is the degree necessary for reporting. Those arguing for only "serious" injuries seek to protect family privacy (e.g., Daly, 1969). Those arguing to the contrary claim that taking note of suspicious "non-serious" injuries early may prevent later and more serious harm (McCoid, 1965). The problem facing the reporter is the lack of correlation between the degree of injury and real danger (Newberger et al, 1973a; Helfer and Kempe, 1968) and, as will be discussed later, the efficacy of his reporting in any event.

Neglect, on the other hand, is a complex phenomenon, very difficult to circumscribe legally and etiologically different from abuse (Polansky et al, 1972b). At the least it is an absence of care or caring by parents or their substitute. Its definition is difficult in an heterogeneous society that stresses the privacy of parents' childrearing patterns. A few states attempt a listing of parental duties whose non-performance can be prosecuted. Others have tried to incorporate neglect into their definition of abuse.

Emotional or psychological harm, long known to have as important an impact on child development as physical harm, is beginning to receive legal attention. Most neglect or reporting statutes concentrate on physical harm, moral deprivations or environmental deficiencies (Katz, 1971). Because the law traditionally deals with provable conditions or commonly held standards, emotional abuse or neglect without physical manifestations is an uncomfortable concept to many legislators and judges. A few states, however, have expanded their juvenile court jurisdictions to include emotional neglect, and the concept is creeping into the reporting laws, too, where as of July 1975, seven states included emotional abuse or neglect as reportable events. So stated, emotional abuse or neglect need not have immediate physical ramifications. Even without the statutory designation, protection from emotional abuse or neglect could fall under laws designed to protect a child's well-being or the court's power to prevent the social, physical or psychological deterioration of children (Stoetzer, 1975).

Because of these definitional problems, an approach that concentrates on actual harm to the child seems preferable. Should suspicions prove adequate, they can be relayed to the proper authorities who have the experience and resources to determine whether or not abuse or neglect exists. This child-centered approach is used by some courts with the application of res ipsa loquitur (the thing speaks for itself) principle of the law of torts. From proof of the child's age and condition, courts avoid a verdict of not guilty by an inference of abusive or negligent conditions (Plaine, 1975; In Matter of S. 259 N.Y.S. wd 169, Fam. Ct. Kings Co., 1965). The focus on the manifest harm to the child, rather than on the acts or omissions of those responsible for the child's care, is the approach of the Revised Model Child Abuse and Neglect Reporting Act, Section 2-A:

> An abused child shall mean a person under 18 years of age who is suffering from serious physical harm or sexual molestation caused by those responsible for his care or others exercising temporary or permanent control over the child.

b. Underreporting

Physicians and other professionals involved have experienced conflicts in reporting. Some statutes required the harm to be "intended," "malicious" or "non-accidental," an impossible decision for the reporter, since he is a professional, not a jury. In addition, much of the research suggests that abuse or neglect is not intentional in the criminal law use of the term, but a pattern of learned behavior passed from parents to children and aggravated by crises such as unemployment or the lack of supportive friends or relatives.

Fear of a loss of confidentiality is a reason for non-reporting by social workers and physicians (Davoren, 1973). Helfer (1975) and Sanders (1972) also attribute the physician's reluctance to report to poor training, fear of losing patients or testifying in court, inadequate community resources for treatment, and hard-to-define rewards. Cohen (1968) described the failure of a neighborhood center, staffed by para-professionals, as due to the staff's reluctance to "tattle" on neighbors.

Physicians have also been criticized for not reporting sexual abuse, i.e., evidence of sexual intercourse between a child and a close blood relative (Sgori, 1975; Kempe and Schmitt, 1975).

c. Funding and Structure

Some of these problems have been discussed under the operations of the law. They bear repeating. The diffuse legal arrangements for the responsibility for receipt of the report and provision of the services may serve to undermine the purpose of the laws. None of the state investigators of the operations of the reporting laws found them smooth. Though few studied funding as such, it is well-known that money is scarce in child protective services and that the recession has made matters worse. It is an elemental fact of organization and planning that nothing can be done until a budget is established. Without a fairly assured source of money, even the best organization will falter, and without the organization, all laws will come to naught.

Organizational confusions stem partly from the laws themselves that, as mentioned, allow several sources for reports, do not establish a single source of responsibility or even a clearly defined aim. Some of these failings can and are being corrected; the rest require a clearer definition of ends and the means for achieving those ends.

7. Future Research

Our knowledge of flaws in the reporting laws is quite adequate. It is virtually non-existent as to their accomplishments. It might be useful to have information on:

a. The relation between legislature and child protective services in lawmaking. How does the legislature get the information? How does it establish its priorities? How are budgetary items drawn? What feedback does it receive on performance? How does that affect its decisions?

b. The relation between the legislation and performance. Which statutory provisions have been the most successful? the least successful? Is performance related to geographic or population size? to education? To the organization of the administrating agencies? Do public and private agencies differ in performance? How? Why?

c. How is success defined? What are the goals of the reporting laws? Is there an accurate index of a follow-up to the reports?

d. In states with penalties for non-reports, are there prosecutions? If so, are they of use in fulfilling the goal of prevention and treatment of abuse and neglect?

e. How does the system of reporting operate from start to finish? Is it effective? Is there adequate education of reporters? Is there feedback on disposition of a report to the reporters? Is there a central source for the report? A single agency responsible? What are its criteria and procedures for handling cases? How does it train its personnel, formulate policy, create policy and supervise programs and personnel?

f. How do the central registries operate? What type of information do they require and how is it used? What is the normal time lag between incident and registry filing? Methods for updating and sharing information, cross-indexing, follow-up for repeated cases, policies on access and expungement? Does this infringe on individual rights? Does the registry help or hinder prevention and treatment of abuse and neglect?

In short, while research on the specifics of the legislation is ample, more is necessary now on the functioning of the legislation as part of a system and an analysis of whether that system is succeeding in accomplishing its overall preventive mission.

C. Neglect Statutes

1. Content of Legislation

Although the constitutional right of parents to raise their children, as articulated in *Pierce v. Society of Sisters* (268 U.S. 510 (1925)), *Meyer v. Nebraska* (262 U.S. 390 (1923)), and *Griswold v. Connecticut* (381 U.S. 479 (1965)), leads to the presumption that a child's place is with his parents (natural, adopted, others who hold themselves out as such), dire circumstances will force a court to intervene for the child's protection. The basis of the court's power is the common law *parens patriae* doctrine that makes the state the protector of last resort and the codification of the doctrine in neglect statutes and emergency jurisdiction and custody provisions contained in some of the reporting laws. Katz' work (1971, 1975) with the legislation of the 50 states, D.C., Guam, and the Virgin Islands found them to be "pronouncements of unacceptable child rearing practices" (1971 at 57). These include abandonment, failure to provide the necessary food, care or shelter, allowing a child to beg. Occasionally the neglect laws will be broadened to include "unfit" parents--those who are mentally or physically unable to care for their children; parents who refuse to conform to the state's compulsory education or health laws; or those who refuse, on religious grounds, to consent to lifesaving procedures for their children. Such a finding enables the courts to name guardians who will assure the necessary care or medical procedure.

2. Vagueness and the Neglect Laws

a. Adjudication

Much debate has centered around the neglect laws and their interpretation at the beginning and end of neglect hearings. Hearings are conducted in several stages: adjudication, where a finding of "neglect" (which can include evidence of abuse) established the court's jurisdiction; factfinding, where the facts are ascertained; and disposition, where the "guilt" of the parents is announced in terms of whether their actions (or inactions) were enough to warrant separation from the child. At the initial stage the court must adjudicate the seriousness of the situation. It cannot exercise its authority without some quantum of proof, which will vary with the state's classification of abuse or neglect. Proof may flow from an examination of the parental act, or of the effects of that act or the parental environment on the child. Wagner (1971), a former juvenile court judge, interprets this initial duty as:

> . . . a fair determination of the issue of neglect and/or abuse . . . and of the child and the treatment of the parents. (p. 58)

Some provisions of neglect laws, such as abandonment, are fairly clearcut; others, such as "neglect," "emotional neglect," or "detrimental to the well-being of children," far less so. For the others, the test of "minimum level of parental care tolerable" has been advanced (In re Adoption of H., 330 N.Y.S. 2d 235, Fam. Ct., 1972). Critics argue that such a test is far too vague a standard in view of the circumstances (See p. 21. Also Comment, Yale Law Journal, 1973; Comment, Columbia Law Review, 1970). Katz and Barron, however, argue for the necessity of general standards because the area demands a maximum of judicial flexibility. General definitions are held essential to allow a case by case approach to a subjective phenomenon imprecise by nature. Barron analogizes this "permissible vagueness" to obscenity, another subject where precision has eluded both the legislature and judiciary. His review of the recent challenges on overreach to the neglect laws found them generally unsuccessful (1975, unpublished background papers to Model Termination of Parental Rights Act). Opponents of the general terms claim an unwarranted intrusion into the constitutionally protected right of privacy unless the standard be clear and reasonably related to a legitimate state purpose. Yet this fear must be reconciled with the parens patriae doctrine which established a state's duty to maintain minimum standards for child protection. One important case, State v. MacMaster (486 P. 2d 567, Oregon, 1971; also, Note, Williamette Law Journal, 1972) held legitimate the state's scope of neglect provisions because:

> What might be unconstitutional if only the parents' rights were involved is constitutional if the statute adopts legitimate and necessary means to protect the child's interest. (p. 569)

The "best interests of the child" test, often employed in neglect hearings, is criticized at this stage as violative of the parents' rights, subjective and a further aggravant to the problems of vagueness. It should be used only at the disposition hearings (Law & Tactics in Juvenile Courts, 1974).

b. Disposition

Proponents for specificity make their strongest argument for the dispositional stage of neglect hearings. Wald (1975) and Mnookin (1973) base their arguments on their research into the consequences of judicially wrought separations of children from their parents. They surveyed the legal, psychological and social welfare literature and concluded that more harm resulted than if the children had remained at home. Mnookin is particularly critical of the court's use of the "best interests" test because: (1) It ignores the interests of the parents and the pain they may suffer with the loss of their children (See work of Jenkins et al, 1966 and 1972). (2) It is subjective. (3) It forces a holding on inadequate information since the judges cannot compare the consequences of the home environment with that at placement. Mnookin substantiates the last criticism with research pointing to a general failure of foster care and suggesting that long-range personality predictions based on troubled childhoods have been inaccurate or exaggerated (MacFarlane et al, 1964; and Skolnick, 1973). He advocates removal only as a last resort. Should removal be necessary, Mnookin would have the state help parents so that the child can be returned. If this is not possible within a reasonable time, he proposes viable alternatives, such as adoption, to avoid placing the child indefinitely in foster care. Wald favors statutory standards that favor parental autonomy, and his criteria would focus on the "basic harm" from which the child should be protected. Under his scheme, intervention would occur only when the harm is "serious" and the court remedy would do more good than harm. Of course, it is possible to argue that "serious harm" or "more good than harm" or "reasonable or indefinite" time periods are terms equally as vague as "neglect" or "abuse." Nevertheless, the merit of the evaluative research done by Wald, Mnookin and others (notably Burt, 1971, who first introduced principles of psychology into a description of juvenile court proceedings) is that their tests would force a court to consider both the aggravating situation and the plausible alternatives.

The most recently published criticism of the "best interests" test is that of Goldstein, Freud and Solnit (1973). The authors propose that dispositions reflect the "least detrimental alternative," taking into account the child's psychological as well as biological attachments, his age and his need for continuity. Such a test, for example, would give preference to a long-term foster parent's wish to adopt over a natural parent's right to reclaim custody. This is a departure from the traditional presumption in favor of the natural parent.

Jurisdiction

A. Juvenile Court Structure and Operations

Problems and issues under jurisdiction center on two basic questions: (1) what is a state's definition of actionable abuse or neglect, just discussed, and (2) which is the proper forum for its hearing.

Child abuse or neglect can be a civil or criminal misdeed. As a crime it will be heard in a local district court. As an alleged violation of a civil code it will fall under the jurisdiction of a juvenile or family court. Occasionally it can be both a crime and civil action, and concurrent actions in both district and juvenile courts will be possible. The exercise of the juvenile court jurisdiction, as mentioned, is a matter of judicial discretion.

Still another complication is that juvenile courts differ in structure.

They can be special sessions of district courts held before the usual roster or specially appointed judges, as in California. They can be independent statewide systems, as in Connecticut or New York. Or they can be mixed systems, as in Massachusetts, where some cities have independent juvenile courts and the rest hold weekly juvenile sessions in the district courts.

The criticism of juvenile courts stresses their operations, not their necessity (e.g., Polier, 1974; National Crime Commission Report, 1965). Their informality, originally meant to insure the child's welfare, too often worked to his detriment. A series of Supreme Court cases sought to overcome this development by increasing the child's procedural due process rights of notice, counsel, privilege against self-incrimination, and proof beyond a reasonable doubt for alleged crimes (Kent v. U.S., 383 U.S. 541, 1966; In re Gault 387 U.S. 1, 1967; In re Winship 397 U.S. 358, 1971). The sequence has its limitations. Gault, the landmark case, is limited to procedural guarantees to juveniles facing possible commitment in a state institution; it speaks only to the adjudicatory stages of the juvenile process, not the disposition, and it did not specifically include others thrust into the juvenile courts, such as abused or neglected children. Many argue that it should (e.g., Faber, 1971). Second, the due process rights do not include jury trials (McKeiver v. Pennsylvania 403 U.S. 520, 1971). The McKeiver rationale for refusing to accord juveniles a constitutional right to jury trials was that it was unnecessary, since these courts' intake procedures took the place of juries as "buffers to corrupt or overzealous prosecutors" (Some states do allow jury trials for juveniles, Katz et al, 1975). The skepticism exhibited by the Gault court has turned into a reluctance to transform courts entirely into adult-like forums and has raised some doubts as to the role of the attorney in juvenile hearings. The current interpretation of the Constitution seems to require an advocate but not an advocacy system (Note, Georgetown Law Review, 1973).

B. Intrastate Conflicts

Intrastate jurisdictional problems arise when two courts can hear the same action (or have concurrent jurisdiction as when abuse is both a crime and civil action) or when two or more state or out-of-state courts are involved with the same family. The latter is the more usual, since non-juvenile courts are given jurisdiction over divorce, custody, guardianship and adoptions in most states. Thus, if a child is already under another court's authority when neglect proceedings are begun, two or more courts can enter decrees affecting a child's care and custody.

There is no clear resolution to such conflicts in either the legislation or the case law. A few states, such as Michigan and Oklahoma, give exclusive jurisdiction to the court with the earlier action. Most, however, subordinate an earlier district court determination to that of a juvenile court, and a few will allow the district court proceeding to continue simultaneously with the juvenile court action. In effect, this suspends the implementation of a district court order until the juvenile court hearing is concluded (Law and Tactics in Juvenile Courts, 1974). What is unclear is the resolution of contrary dispositions.

Venue determines where in a state a case will be heard. It is almost totally dependent on state law, since the case law is limited. There are five possibilities: where the petition is filed, the child is found, the act is committed, the child resides, or the parent resides.

States vary in the number of permissible alternatives. None of the states restrict venue exclusively to the county court of the child's residence, although there is a growing recognition that it may be the most appropriate (Uniform Juvenile Court Act, Section 11, 1968). Twenty-four states permit change of venue (Note, Washington University Law Quarterly, 1973).

C. Interstate Conflicts

1. Interstate Compacts

Children placed beyond a state's borders, or those who have left a state before or after an adjudication of neglect, are problems in our federalist system of government that grants states sovereignty over its citizens or those in its territory in matters not covered by national law. (Exceptions are discussed below.) Two interstate compacts, one on the placement of children and the other on juveniles, can assuage the difficulties. For member states, the compacts provide a mechanism for retention of jurisdiction and supervision. The Compact on Juveniles, adopted by all states but Kentucky by 1974, provides for the return of non-delinquent and delinquent runaways. There is no way of gauging the effectiveness of these compacts, however. To file a requisition for return under the Compact for Juveniles, the home state would have to know the fleeing party's destination. Thus, although jurisdiction skipping is well-recognized, its magnitude is not known.

2. Emergency Jurisdiction

A state can legitimately exercise authority over non-residents under emergency jurisdiction that allows a hospital or physician to gain temporary custody of children deemed in danger. Out-of-state residents who seek the help of hospitals or physicians may unwittingly subject themselves to the jurisdiction of a state court not their own, and remain under that court's authority until the case is disposed to the judge's satisfaction unless transfer arrangements are made. Such emergency provisions are common features of the reporting laws.

D. Nations within a Nation

1. Indians

A state's jurisdiction extends to all within its geographic boundaries except for members of the diplomatic corps who are granted immunity, of Indian reservations, or of military installations. So long as the latter two remain within the confines of the base or the reservation, they may--note, may--be subject only to the laws of the Federal Government, U.S Military Code or the respective Indian Tribal Council.

Section Seven of Public Law 280 (U.S.C. 1162 et seq.) and the 1968 Indian Civil Rights Act created three categories of Indian jurisdiction. In 22 states, there is no distinction between Indian and non-Indian residents. In another three states, there is partial jurisdiction and all Indians (except in the Red Lake, Minnesota and Warm Springs, Oregon Reservations, whose inhabitants lobbied themselves exceptions) can be prosecuted for child abuse or neglect under the relevant state laws. The other 25 states can exercise their jurisdiction over Indian-committed abuse or neglect only if it is committed off the reservation or if it results in the death of a child. The latter, as a "major crime," would be tried in a federal district court applying state law under the Erie doctrine. Child abuse or neglect on the reservation, where it is most likely to occur, would be subject to the tribal council if it is considered a violation of Indian law or custom. Occasionally the council laws are patterned after state laws but interpreted according to tribal customs.

2. The Military

Even more complicated than Indian jurisdiction is that applying to members of the armed forces and their dependents. Military bases fall under four types of jurisdiction: (1) exclusive, in which all on-base military personnel are considered federalized citizens and subject only to federal and military laws; (2) concurrent, in which the state has reserved the right to exercise its legal power concurrently with the federal and military authorities; (3) partial, in which neither the federal nor the state government has complete jurisdiction and (4) proprietorial, in which the federal government has ownership but not legislative power over an area within a state. The most difficulties occur in exclusive jurisdictions where, absent a military regulation or program on abuse or neglect, no authority will be responsible. The problem is particularly serious if abuse or neglect is caused by military dependents, who are subject only to federal jurisdiction. Such dependents cannot be heard in a military court or a state court, if they live on base. Generally federal courts will not entertain such cases for lack of the necessary Congressional mandates or procedures (Allen, 1975).

The U.S. army is aware of the problem and has several programs in operation. One is at the Beaumont Medical in Texas (Miller, 1972 and 1974). It has formulated Draft Regulation No. 608 XXX to provide a mechanism for child advocacy and the reporting and treatment of abuse and neglect on army installations of 2,000 or more, whose implementation is expected by mid-1975 (Allen, 1975). At the moment only the army is providing thought and programs for child abuse, although both are known to exist in other branches of the armed services (Wells, 1972; Lehman, 1973; Allen, 1975).

Dual systems of jurisdiction create technical and personal problems. The technical problem is to find, if possible, the judicial authority to induce help. The personal, the conflicts experienced by those who travel in both the Indian or military and state worlds, especially the mandated reporters who see abuse or neglect on the base or reservation. A current approach is the creation of child programs such as the Beaumont Center that involves state and military authorities, or those on reservations that combine Indian and non-Indian resources, parents and professionals, and use education as an alternative to the judicial process. (e.g., Makah Child Development Center, Washington, funded by the Office of Child Development, 1975). The Revised Model Reporting Act restricts the possibility of permanent removal of Indian children from the reservation in view of unhappy experiences in the past.

E. Future Research

There is much to learn about jurisdiction:

1. What is the true extent of judicial activity? The only available juvenile court statistics are published by the Office of Youth Development of HEW. They are incomplete and give no information on dispositions in abuse and neglect. A standard statistical form should be designed and administered to all juvenile courts or court sessions so that an annual index of activity can be compiled. The form should contain questions on: basis for finding of neglect; participants, ages and relationship; type of disposition and agency involvement; reviews and results of follow-through; repeaters.

2. How can intracourt confusion be minimized? Can courts be reorganized so that a single type handles most family related problems? Can laws be clarified on venue?

3. How can interstate confusion be minimized? What are systems for finding and hearing out-of-state offenders? sending them home? Effect on child? Are there current efforts at interstate cooperation?

4. How do court organizations facilitate (or retard) effective disposition? What is the time between adjudication and disposition? How long does the court retain supervision? How does it organize its investigation and follow-up? What is the role of probation officers? How does it coordinate its activities with other agencies? How are the judges educated? How do they and others keep up with current research? What is the system for inter or intracourt record storage and transfer?

5. What are the problems experienced with military and Indian jurisdiction? Are there effective programs?

6. What do judges see as their biggest problem? Some work is being done on judicial decisionmaking process by the Judge Baker Clinic in Boston and others on the factors in reaching an adjudication (e.g., Sullivan, 1968). This is probably less illuminating, however, than an examination of the judges' frustrations and the methods by which these can be overcome.

7. What are the effects of various dispositions? The National Council of Juvenile Court Judges has embarked on such a study. This type of investigation is time-consuming and difficult but essential if we are to understand how the courts can best function in the area of abuse and neglect.

The Relationship of Law and Other Disciplines

The literature is filled with the need for attorneys and judges to understand social and emotional dynamics (e.g., Issacs, 1972 and 1973; Delandy, 1972) and for social workers and others to understand legal procedures and principles (Wagner, 1972). Parents Anonymous' major recommendation is for this type of education. The problem is to devise means whereby such cross-pollination will regularly and effectively be used. Abuse and neglect is not a regular part of family law courses or of the orientation of legal aid attorneys, who handle many of the cases. Nor is instruction in legal principles a part of the social or medical curricula. Occasionally the government will grant funds to schools of social work or social agencies to perform this service. Other groups simply use their good offices to bring various groups together. A better alternative would be to include the necessary interdisciplinary information as part of the curricula of involved professions and to encourage others, such as professional groups, to hold regular seminars.

Parents' Rights and Children's Rights

Any discussion of abuse and neglect is permeated with disputes over parents' and children's rights. Those favoring the parent urge the most rigid procedures; those favoring the child, the most flexibility. Yet, the law's preference for the parent, though differently phrased, is not unlike the psychologist's emphasis on the importance of a family--even a "bad" family--to a child. It is the social worker who is probably the most frustrated by the legal process. Being closest to the scene of abuse or neglect, his normal instinct to "rescue" the child from this misery is frequently met with the judicial insistence on "proof" or available alternatives. The social workers are joined by advocates of children's rights (Rodham, 1973; Foster and Freed, 1972). The most important comment may be that the adversary system is totally inappropriate in this context (Delaney, 1972), for it seems to pit child against parent when the main concern should be the preservation of the family. And in this light the most encouraging signs are the willingness of some courts to soften the adversary procedures by informal sessions and other devices (Delaney, 1972;

Wagner, 1972; private conversations with juvenile court judges), and the new definition of family being offered by Goldstein, Freud and Solnit that emphasizes the psychological, not the biological, bond.

Summary of Future Research

A great deal of research has been conducted on child abuse and neglect. The most comprehensive bibliography contains more than 1500 entries--and it barely touches the legal literature (Urban and Rural Associates, 1975). Much of this underscores the need for time, patience, and understanding of the enormous problems besetting the abusing or neglecting families (e.g., Report of the Bowen Center Project of 1965-71). Therefore, the first need would seem to be for a presumption in favor of funding the successful program, rather than embarking on more experimentation.

The research in the law of abuse also illuminates the difficulties that are inevitable with any attempt to legislate a change in the human condition. This review has shown the clash between the first generation of writers that urged broader legislative and judicial intervention and the second generation that advocates less. What is needed now is a third generation of writers to concentrate on the positive side. This research should fall into several categories. The first is the continual survey of legal and court operations (such as that done by DeFrancis) to provide an objective baseline of changing activity and trends. The second should be in-depth examinations of key topics to lend perspective to legal endeavors of the future, since unreasonable or unrealistic laws serve neither the profession nor the public. Specifically, we need a better idea of:

A. What are reasonable goals? Some of this may come with a better understanding of the nature of abuse and neglect. If the cause is societal, then laws should move to improve conditions. If the cause is personal, then the law should consider whether protection or rehabilitation is the more productive or feasible.

B. What is a successful legislative model? What were its definitions of abuse and neglect? What structure did it provide for enforcement? What funding? What pattern of dissemination of legal provisions? Implementation of policy?

C. What is a successful structure for services? How is it organized? Funded? How are its services coordinated with other groups involved with abuse and neglect? How does it train? Supervise? Does this differ for remote or urban areas? How does it integrate disciplines?

D. What are adequate records? For Registries? For Courts? For statistical, research and exchange purposes?

E. What is a successful funding pattern? Who disperses funds and how? What is the best mix of private, local, state, and federal funds? How should such funds be allocated among involved agencies? Private and public? Old and new? Service and volunteer? How should money be divided between programs and research? Innovation and replication?

F. What are successful case treatments? Of children? Of parents? Effects of personality? Of worker? Of client? Of type of organization (public, private, volunteer)? How can this be effectively communicated to legislators, attorneys, judges?

G. What are successful court programs? How are they conducted? What is the role of the judge? Probation officer? Volunteer? Other professional? How does it relate to other courts? Community agencies?

H. What is a successful disposition? What alternative did it involve? Short-term? Long-term? Foster care? For child? Child and parent? Termination of parental rights? In conjunction, there is a need for judges to know more about the effects of separation on children of different ages and backgrounds.

I. What is an effective method of education? For judges? Lawyers? Social workers? Others involved? How should judges be selected for juvenile bench?

J. What is an effective method of dissemination? Of legal provisions? Of psychological data? Of programs in abuse and neglect? Or relevant interdisciplinary information?

K. What is an effective method of replication? How can the successful program or law be replicated? By traveling teams? By federal funds? Other?

There is no guarantee, of course, that the research listed above will improve a condition that has been with us throughout history. But, by utilizing the framework we have discussed, there may at last be a real possibility for improvement.

APPENDIX

REVISED MODEL CHILD ABUSE AND NEGLECT REPORTING ACT

Section 1 - Purpose

It is the purpose of this Act to protect the health and welfare of children by encouraging the reporting of suspected child abuse and child neglect in a manner which assures that appropriate protective services will be provided to abused and neglected children and that appropriate services will be offered to families of abused and neglected children in order to protect such children from further harm and to promote the well-being of the child in his home setting, whenever possible.

Section 2 - Definitions

A. An abused child shall mean a person under eighteen years of age who is suffering from serious physical harm, or sexual molestation, caused by those responsible for his care or others exercising temporary or permanent control over the child.

Section 3 - Persons Required to Report: Persons Permitted to Report

A. Any physician, nurse, dentist, optometrist, medical examiner or coroner, or any other medical or mental health professional, Christian Science Practitioner, religious healer, school teacher or counselor, social or public assistance worker, child-care worker in any day-care center or child-caring institution, police or law enforcement officer having reasonable cause to suspect that a child coming before him in his official or professional capacity is abused shall be required to report.

B. Except as provided in Part A of this Section, any person who has reasonable cause to suspect that a child is abused or neglected may report.

Section 4 - Report to Whom

All reports pursuant to Section 3 shall be made to the State Department of Social Services.

Section 5 - Method of Reporting; Statewide Telephone Number

A. All reports required or permitted by this Act shall be made immediately by telephone to the State Department of Social Services.

B. The Department of Social Services shall establish and maintain a telephone service for the purpose of receiving reports made pursuant to this Act. This telephone service shall receive reports over a single, statewide toll-free number operating at all times.

Section 6 - Emergency Temporary Protective Custody

A. Any police or law enforcement officer or any physician who has before him a child he has reasonable cause to suspect is an abused child, may take emergency temporary protective custody of such child without the consent of the parents or others exercising temporary or permanent control over the child if the officer or physician has reasonable cause to suspect that there exists an imminent danger to the life of the child if he were not so taken into custody.

B. Any person taking a child into emergency temporary protective custody shall immediately notify the parents or others exercising temporary or permanent control over the child and report to the State Department of Social Services. The Department or its designated local agent shall then initiate a child protective proceeding on or before the next working day in the appropriate juvenile or family court.

C. For the purpose of this Section, emergency temporary protective custody shall mean custody within a hospital or other appropriate medical or child protective setting.

Section 7 - Immunity from Liability

Any person required or permitted to act pursuant to this Act, participating in good faith, shall be immune from civil and criminal liability which might otherwise result by reason of such actions. In all such civil or criminal proceedings, good faith shall be presumed.

Section 8 - Penalty for Failure to Report

Any person required to report a case of suspected child abuse who knowingly fails to do so shall be guilty of a misdemeanor.

Section 9 - Abrogation of Privileged Communication

The privileged quality of communication between husband and wife and any professional person and his patient or client, except that between attorney and client, is abrogated and shall not constitute grounds for failure to report or the execution of evidence in any civil child protective proceeding resulting from a report pursuant to this Act.

Section 10 - Duties of the State Department of Social Services; Creation of Local Child Protective Services Agencies

A. The State Department of Social Services shall establish or designate appropriate local Child Protective Services Agencies, whose duties are set forth in Section 11.

B. Upon receipt of oral reports of suspected child abuse, neglect, and emergency temporary protective custody, the State Department of Social Services shall communicate them immediately to the appropriate local Child Protective Services Agency. Reports of suspected child abuse also shall be communicated immediately to the State Central Register of Child Abuse, the functions of which are set forth in Section 12.

Section 11 - Duties of the Local Child Protective Services Agencies

A. The local Child Protective Services Agencies shall be adequately staffed with persons trained in the investigation of suspected child abuse and neglect and in the provision of services to abused and neglected children and their families.

B. Within twenty-four hours of the receipt of a report of suspected child abuse or neglect, the Agency shall commence an appropriate and thorough investigation to determine whether a report of suspected child abuse or neglect is "Indicated" or "Unfounded." The finding shall be made no later than sixty days from the receipt of the report.

C. Indicated findings shall be based upon a preponderance of the evidence available to the Agency; whenever there is less than a preponderance of the evidence indicating child abuse or neglect, determinations shall be deemed Unfounded. Indicated findings shall include a description of the services being provided the child and those responsible for his care, as well as all relevant dispositional information. These reports shall be updated at regular intervals.

D. Copies of Indicated and Unfounded findings of abuse shall be communicated immediately to the State Register of Child Abuse.

E. The local Child Protective Services Agencies shall be charged with providing, directing, or coordinating the appropriate and timely delivery of services to children found to be abused or neglected and those responsible for their care or others exercising temporary or permanent control over such children.

F. The Agency shall actively seek the cooperation and involvement of all local public and private institutions, groups and programs concerned with matters of child protection and maltreatment within its jurisdiction.

Section 12 - Central Register of Child Abuse

A. The State Department of Social Services shall maintain a Central Register of Child Abuse. The Register shall receive and maintain reports of child abuse from the State Department of Social Services and from local Child Protective Services Agencies, and it shall transmit information to authorized individuals and agencies as provided in Section 13B.

B. Reports of child abuse shall be maintained on the Central Register in one of three categories: Suspected, Unfounded, or Indicated. All initial reports shall be deemed Suspected. Reports of suspected child abuse shall be maintained for no more than sixty days after the date the report was received from the State Department of Social Services. On or before the expiration of that time they shall be converted into either Unfounded or Indicated reports, pursuant to findings communicated by local Child Protective Services Agencies.

1. Indicated reports shall be maintained on the Register only when accompanied by supplemental information as required by Section 11 C and D.

2. Unfounded reports shall be classified "Unfounded by reason of insufficient evidence."

3. If no finding has been made by a local Child Protective Services Agency after sixty days from the date a report was received, it shall be classified "Unfounded for want of an investigation."

C. The names, addresses, and all other identifying characteristics of all persons named in all Unfounded reports shall be expunged immediately. The names, addresses, birthdates and all other identifying characteristics of all persons named in Indicated reports shall be expunged seven years from the date the report was received.

Section 13 - Confidentiality of Reports and Records

A. All reports made pursuant to this Act maintained by the State Department of Social Services, local Child Protective Services Agencies and the State Central Register of Child Abuse shall be confidential. Any person who disseminates or permits the unauthorized dissemination of such information shall be guilty of a misdemeanor.

B. Information contained in reports described in Part A shall not be made available to any individual or institution except:

1. Appropriate staff of the State Department of Social Services and Local Child Protective Services Agencies;

2. Any person who is the subject of a report, subject to the qualifications provided in Part C of this Section.

3. Civil courts of law conducting child abuse or child protective proceedings;

4. Any person engaged in a bona fide research purpose, with written permission of the director of the State Department of Social Services, provided, however, that no information regarding the names, addresses and all other identifying characteristics of subjects of the report shall be made available to the researcher.

C. Any person who is the subject of a report made pursuant to this Act shall be immediately notified of the fact that his name has been recorded by the State Department of Social Services, the local Child Protective Services Agency, and if applicable, the State Central Register of Child Abuse; he shall also be informed of the finding of the investigation and whether or not his name has been expunged from the Register. Any person who is the subject of a report shall be informed of his right to inspect the report and his right to challenge any part of the contents therein. The only details of the report which shall be withheld from the subject's knowledge or inspection are name, address, occupation and all other identifying characteristics of the reporter.

D. For the purposes of this Section, "any person who is the subject of a report" shall mean the child and any person who is alleged or determined to have abused or neglected the child, who is mentioned by name in a report or finding.

Section 14 - Information, Training, and Publicity

A. The State Department of Social Services and the local Child Protective Services Agencies shall, on a continuing basis, inform all persons required to report of the nature, problem and extent of child abuse and neglect and of their duties, options and responsibilities in accordance with this Act. The Department and the Agencies shall also, on a continuing basis, conduct training programs for local Agency staff.

B. The State Department of Social Services and the local Child Protective Services Agencies shall, on a continuing basis, inform the public of the nature, problem and extent of child abuse and neglect, and of the remedial and therapeutic services available to children and their families. The Department and the Agencies shall also encourage selfreporting and the voluntary acceptance of available services.

C. The State Department of Social Services shall, on a continuing basis, actively publicize to mandated reporters and the public the existence and the number of the twenty-four hour, statewide, tollfree telephone service to receive reports of suspected child abuse and neglect.

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IV. Analysis of Research on Child Neglect:

The Social Work Viewpoint

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Introduction

This analysis follows a processual approach to theorizing. Neglect is viewed as a complex phenomenon or, at least, as an extreme on a multiplex dimension. Arising from a set of typical antecedents, neglect in turn takes typical forms of expression. In turn, it becomes the source of further consequents, certainly for the child neglected and perhaps for the persons doing the neglecting. From the attempt to trace the connections among conditions and their effects, one seeks for leverages by which one can either interrupt the neglect or at least alleviate what it does to those suffering it. The processual analytic model is familiar to all sorts of clinicians in the sequences; diagnosis; etiology; sequellae; therapeutics. We begin with diagnosis which, in this instance, is the problem of defining neglect.

Definition of Neglect

All agree child neglect is deplorable. Uncertainty arises as to what it is. Abandoning a child, or failing to give him food and shelter are clearly within the meanings of the term. Other circumstances fall on the margins of its generally attributed meanings. Whether or not they constitute neglect rests on such qualifying features as the extremity or intensity involved.

In general, we consider that child neglect represents sins of omission, in contrast to the sins of commission associated with child abuse (Kadushin, 1967; Katz, 1971; Giovannoni, 1971). There has been failure to perform such expected functions as nurturance, protection, and supervision.

But the level of functioning considered minimally expectable is debatable. Moreover, child rearing includes a broad variety of related--but separable--activities. Thus, child caring is a concept subsuming a number of activities, each of which is a necessary-but-not-sufficient condition which must be met. One concludes a priori that child neglect refers to a cluster of phenomena rather than a single clinical or scientific entity. Ambiguity inevitably attaches to such a term.

Given the ambiguity, we have ourselves, in the past regarded attempts to offer a conceptual definition of neglect as "premature and scientifically presumtuous." (Polansky, Hally and Polansky, 1974, p. 10). Subsequently, for heuristic purposes, we advanced the following:

> Child neglect may be defined as a condition in which a caretaker responsible for the child either deliberately or by extraordinary inattentiveness permits the child to experience avoidable present suffering and/or fails to provide one or more of the ingredients generally deemed essential for developing a person's physical intellectual and emotional capacities (Ibid.).

This is the definition we shall maintain in the present survey. Implicit to this definition are a number of significant features:

> (a) That the "caretaker" may be a non-parental figure such as a social agency or even a community; (b) That the neglect need not be limited to consciously motivated behavior; (c) That as a matter of values, failure to alleviate avoidable discomfort is deemed neglectful even if it leaves no certain long term damage; (d) We accept that the state of knowledge will hopefully change, so that the best we can do is to make our definition in terms of what is known in each era; . . . (f) Neglect, like abuse, may prove lethal (Giovannoni, 1971; Bullard et al, 1967; Kromrower, 1964), and often does. (Polansky, Hally and Polansky, op. cit., p. 11).

Because research on neglect deals with a problem that is primarily practical rather than theoretical, its operational definition may be expected to vary with the use to which it is to be put. A useful suggestion emerged from a conference on child abuse sponsored by the Children's Hospital of Washington, D.C. and the National Institute of Mental Health in 1973. The Workshop on Identification proposed that definitions for legal reporting may differ from those for spotting children to whom we want to offer services. (National Conference on Child Abuse, 1974). Their terminology delineating need for services emphasizes more the threat than the actual occurrence of damage. The degree of inference, and the amount of prediction incorporated in a definition, is an issue that significantly divides legal authorities from social workers, as we shall next see.

A. Medical and Legal Views and Child Neglect

Historically, child neglect has been of explicit concern mainly to two fields, child welfare (social work) and the law. Investigations from the medical side have contributed largely in terms of nutritional and related developmental deficits, of which the "failure to thrive" syndrome is an outstanding example (Bullard et al, 1967; Hepner and Maiden, 1971). Parental failure and mismanagement of child caring have also concerned psychology and psychiatry. Their foci have been emotional and cognitive sequellae (Goldfarb, 1945; Robertson, 1962; Skeels and Dye, 1939; Seltzer, 1972). However, the antecedent fault has more typically been labelled cultural deprivation, maternal deprivation, or familial disorganization rather than neglect in these fields (Hunt, 1964; Pavenstedt, 1967; Minuchin et al, 1967; Spitz, 1946). Dramatic parental neglect has rarely been the subject of child development research.

Judges, lawyers, and other legal officials, on the other hand, have had long experience with the concept. Neglect is dealt with under both the civil and criminal codes, although action is rare under the latter. Meier (1964) observed that since both social workers and legislators tend to operationalize the common will, it is expectable that their definitions will be similar. Elements typical of the statutes of the individual states:

> . . . cite these circumstances: (1) inadequate physical care; (2) absence of or inadequate medical care; (3) cruel or abusive treatment; (4) improper supervision; (5) exploitation of the child's earning capacity; (6) unlawfully keeping the child out of school; (7) exposing the child to criminal or immoral influence that endangers his morals . . . (Meier, 1964, p. 157).

Comparable are criteria compiled by the American Humane Association in 1966 and by the Child Welfare League of America in 1973.

> It is presumed that physical, emotional and intellectual growth and welfare are being jeopardized when, for example, the child is:
>
> --malnourished, without proper shelter or sleeping arrangements
> --without supervision or unattended
> --ill and lacking essential medical care
> --physically abused
> --sexually abused or exploited
> --denied normal experiences that produce feelings of being loved, wanted, secure and worthy (emotional neglect)
> --emotionally disturbed due to continuous friction in the home, marital discord, mentally ill parents
> --exploited, overworked, exposed to unwholesome and demoralizing circumstances (Child Welfare League of America, 1973, p. 12).

Differences between the conceptions of lawyers and those of social workers are characteristically found on two issues. Because of proper concern with rules of evidence, civil rights and adversary procedure, the law concentrates on whether or not a specific event constitutes neglect. In the language of encoding, the law provides only for a presence/absence code. Social workers, however, view child caring as a multiplex dimension, a continuum whose one extreme might be termed neglect (Meier, 1964). Nor are they preoccupied with delineating a specific event in a typically chronic, pervasive condition.

The lack of concern with specificity reflects a very practical, non-litigious caring. Social work can also afford to be less meticulous because its definition is mainly used to trigger an offer to help; we use a "need for service" definition. The judge, not the caseworker, has the power to make definitive decisions. Some protest that even the premature offer of services may do harm, but this thought overlooks the cast iron defenses encountered in many suspected families. When it is so hard to advance by psychological influence, can one readily retard?

Social workers are also much more willing to base action on inferences --from facts which are established to conclusions which are not so firm. Inferences include ominous presumptions which are, really, predictions that a child's life will be badly scarred if he is not rescued. Courts, on the other hand, are happier when confining themselves to what has been, or what is, than what will probably be.

Wald (1975) has argued persuasively that basing action on prediction is especially risky when the harm is expected to be emotional.

> Therefore, it is particularly essential that intervention with regard to emotional neglect be premised solely on damage to the child.

> Without actual damage it is extremely difficult both to predict the likely future development of the child and to assess the impact of intervention (Wald, p. 1017).

Meier (1964), writing from the stance of social work, also questioned including emotional neglect in legal definitions.

Wald takes a dim view of coercively offered treatment for emotional neglect. Even among families who ask for treatment, we do not always succeed. What is to be expected under duress? His viewpoint overlooks the extent to which all treatment involves resistance. Treatment under duress is difficult, but not impossible. Nor are Wald's ideas universal among legal scholars. Katz (1971) takes a more activist position. The views typified by Professor Wald do not reflect the urgency that impels those of us in direct contact with children in their own homes. Still, he leaves us the meaningful question: Given our knowledge, in the year 1975, what would be a proper legal definition of "emotional neglect?"

Another inference reasons from an observed effect to a probable cause. For example, when a child becomes chronically delinquent, it is assumed there is "something wrong" with him, and little doubt that he should be "treated," in one way or another. Is it not possible also to conclude that when a couple produces two or three delinquent children there is "something wrong" with their parenting? It is a maxim of personality assessment that the best basis for prediction is past behavior. Should the same logic be applied in estimating that a couple is very likely to produce other disturbed children among younger siblings of those already known to police and social agencies? Many who make decisions affecting the fate of children use this logic. Should it be formalized into law? Should a child's criminality be taken as proof that he has been "inadequately supervised" or even "exposed to immoral influence?"

B. Values

Definitions of neglect inevitably involve us with values. That values enter into many of our judgments becomes clear when we review what was regarded as "theory" in an earlier era. Charles Loring Brace (1826-90) of the New York Children's Aid Society is remembered for one of his programs --wholesale foster placement without supervision of 35,000 poor children from the streets of New York among Midwestern farmers eager for cheap help. A Social Darwinist and student of Phrenology, Brace partially justified the work of his Society in terms of the need of the middle class for protection from lower elements.

> . . . the class of a large city most dangerous to its property, its morals and its political life, are the ignorant, destitute, untrained and abandoned youth: the outcast street children grown up to be voters, to be the implements of demagogues, the "feeders" of the criminals, and the sources of domestic outbreaks and violations of law. (Brace, 1972, pp. i and ii).

The point of view Brace expressed is still widespread. Indeed, one reason for intervention in a neglect situation is protection of the larger community. The urge to ensure the survival of the species is another origin of values which lead to intrusion in others' families. Finally, there is concern for the child which stems from being able to identify with him in his sufferings. So moral issues become intertwined with their psychological and ethological roots.

What, therefore, can we now conclude? We see that child neglect lies in fact, on a multiplex dimension of child caring; some vagueness is inherent in the conception due to varying uses to which it may be put; that there is controversy among the several occupations who do things about neglect; and that their disagreements are intrinsic to their roles in this society. Under such circumstances, one does not discover clarity; one imposes it. Therefore, I will persist in the definition I introduced on the first page of this report.

C. Vantage Points for Identification

Since adequacy of child care is a complex variable, observations potentially relevant to deciding how well a child is being cared for come from varied sources. Basically, one can directly observe how well a family is caring for its child, or one can examine the child and draw conclusions from his condition. All else are variations on these basic themes. Here are the permutations (Polansky, Borgman, and DeSaix, 1972, pp. 31ff):

1. Child's current condition. The physical, emotional and intellectual functioning of the child tell us what his present life is like, albeit in a general way.

2. Sequellae in the child. Some conditions found in children are sufficiently well understood that they imply either specific past events (e.g., an infection) or failures in care (e.g., rickets). However, inferring neglect from sequellae requires that plausible alternative explanations be ruled out.

3. Child's self-report. Self-reports from children are valuable but subject to question. It is common for neglected children to cling to their parents. Older children often cover the family against disgrace.

4. Direct observation of child caring. These would be the most desirable data, scientifically, but they are hardly ever available. The mere possibility of getting such systematic data relevant to neglect is itself a recommendation for a research project.

5. Parental report of care given. The bulk of parental reports are true, if only because most suspected parents are so oblivious they feel no need to distort. Yet, one also encounters parents whose care is abysmal, but echo what the experts preach.

6. Available amenities. One can estimate how well a child must be living from examining the family's possessions. If there is little food in the house, no substantial heating arrangement, little bedding, etc., one fears the worst for the child's care. While such inventorying seems invidious, it is heavily used in our own Childhood Level of Living Scale. Recent data analyses (Polansky and Pollane, 1975) demonstrate that in measuring the overall quality of physical care, possessions and amenities tend to be highly intercorrelated with desired practices. Moreover, the physical care a child receives was found to correlate substantially with measures of his emotional/cognitive care ($r = +.67$).

7. Parental personality. Inferences may be drawn from parental personality to care his children must be receiving. A woman in a regressed, schizophrenic state can not possibly be offering her children adequate care. Such inferences ought not presume more consistency in the personality than sometimes obtains. We encounter some surprisingly intact people who nevertheless neglect their children.

Because neglect is a complex phenomenon and one that is often private and insidious, it is desirable that its identification usually rely on more than one source of data. Especially in making official adjudications, a confluence of information is best. Interestingly enough, the demand for observational reinforcement may be less in research, where sophistication about predictive and construct validity plays a greater role in drawing conclusions.

There are other dimensions on which one can categorize episodes of neglect. Does the deficit in parenting have *immediate* effects or are they *long-range*? Might one be dealing with a *sleeper effect*, for example, a disturbance in the maltreated child's own ability to parent. Some sequellae of neglect are *reversible*, others *irreversible*. There is reason to believe that emotional damage may be more reversible in children still fairly young than is intellectual deficit deriving from failure to provide stimulation (Hunt, 1964). Finally, one distinguishes neglect that is *episodic* from failures that are *chronic* or *cumulative*. Varying character-types among parents are associated with these distinctions. An impulse-ridden mother may give her children excellent care between episodes of abandonment. She differs markedly from a withdrawn woman implicated in chronic neglect.

D. *Frames of Reference*

Social perception is the joint product of characteristics of the stimulus object and of what one is ready to see. The more ambiguous the stimulus, the more the resultant perception is determined by the needs, and conceptions of the perceiver. Child neglect is indeed, a highly ambiguous stimulus. To a large extent, neglect lies in the eye of the beholder.

It is a nuisance that what is regarded as neglectful parenting depends so much on the *frame of reference* of the one making the judgment. But the phenomenon also suggests research that has theoretical and practical significance. Maas and Engler (1959) remarked how much the predominant values of a community determine whether or not children will be removed from their natural parents. While there have been a couple of other studies of community values about what should be done with a neglected child, there are few on identifications of child neglect.

A significant problem has been to find a methodology for studying values more rigorously than is typical of most ethnography. One promising method was reported by Polansky, Borgman and DeSaix (1972, pp. 35ff). Data were gathered by an adaptation of Flanagan's Critical Incident Technique (1954), which was originally developed to spot the most important abilities required for specific jobs in order to develop tests for personnel selection.

In the study by Polansky and his colleagues, the technique was applied in order to discover dimensions of child-caring that were salient to respondents. The stimulus question was: "Could you give me an example of some specific thing that parents were or were not doing to a child which made you very concerned for the child's welfare?" (p. 37). Our informants consisted of welfare workers and public health nurses, in rural Southern Appalachia and in Metropolitan Atlanta. All gave at least one concrete example; most gave more. The resulting protocols were then coded under nearly two hundred categories.

This adaptation of Flanagan's technique contributed items for building a scale for measuring adequacy of child caring. It was also possible to compare groups of interviewees with respect to which dimensions seemed more salient. Thus, inadequate housing was of more widespread concern among rural workers; emotional neglect was cited more by urban workers. As one would expect, nurses more often mentioned failure to provide needed medical care. In the rural area, nearly a third of the nurses spotted failure to limit family size as an issue; not one of 57 rural welfare workers mentioned it. It must be recognized that what makes a dimension salient may be a realistic experience as much as needs or values in the perceiver. Stricter enforcement of housing codes in the city may make shelter of less concern to urban workers than it is to those visiting poor children in uninspected rural shacks.

Another device with promise is to offer a case example after which the reader is asked to state what action he thinks would be justified. Boehm (1967) used the method in a study of factors affecting decisions whether or not to remove neglected children from their homes. The worst difficulty with this method is that in order to invent or select case examples, one would already have to have decided which underlying--or latent--dimensions were worth displaying. The method does not expand our insight.

Another method for estimating which values are operative in nature is to study a series of real-life cases declared neglectful and draw inferences from the decisions observed. Unfortunately, this inductive method used in generalizing "case law" and also by social work researchers (e.g., Maas and Engler, 1959; Boehm, 1967), has very real limitations. For, the investigator may detect the operation of only those values which he has otherwise had in mind to begin with. The Critical Incident Technique is no less susceptible to this limitation. All experienced researchers know that any code developed to handle narrative documents always represents an interaction of the raw data with readinesses in the person designing the code.

We conclude, therefore, that methodological limitations have deterred rigorous examination of the influence of subcultural values on the identification of neglect. A study offering high promise of overcoming the limitations mentioned above would warrant support on that ground alone.

Supposing a methodology were developed, what content hypotheses come to mind? Possible rural-urban differences have been mentioned. We have also alluded to how one's profession (e.g., law, nursing, social work) affects the frame of reference from which such matters are viewed. Economic status and social class probably introduce systematic biases into the perception of neglect as they do to so many other beliefs. The question of ethnic differences has also been raised--e.g., Blacks might not regard as deviant child rearing practices which would trouble middle class, white social workers. My impression is that the minimum standards held by people who are respected in their own groups will prove surprisingly uniform. One might well compile reasons given for neglect complaints filed in each of these ethnic groups by relatives and neighbors. Families in rural Southern Appalachia whose standards bothered their welfare departments were usually regarded as deviant by their neighbors and often shunned by them.

Another ethnic variance is worth studying. It involves inverse discrimination across ethnic lines based on the psychology of stereotyping. I am referring to obtuseness in deciding whether neglect has occurred. In this form of discrimination, very low standards of living for children are dismissed with the comment, "Well, that's how those people live." As if Black or Indian children had markedly different physiologies, their cold, hunger, and filth are disregarded!

To a social scientist, the impact of frame of reference on which type of parenting is seen as "neglectful" is of interest, but involves no new principle. Therefore, research undertaken into these phenomena, would have practical utility. Two issues come at once to mind: (a) If subcultures of this country, ethnic and economic, are in greater disagreement than I, for one, hypothesize, we will have to retool our legislative approach;

(b) Specification of varying frames of reference among professional and/or subcultural groups would be useful information in designing public awareness campaigns.

E. Community Neglect

Among ambiguities in the definition of child neglect, how about the matter of who is doing the neglecting? My own proposed definition begins "Child neglect may be defined as a condition in which a caretaker responsible for a child . . ." Thus far, by caretaker we have meant the child's parent. We have been analyzing neglect at the level of the family system. Families, however, are in turn parts of far larger, more inclusive systems, so it is possible also to talk of neglect at a superfamilial level. Harold Lewis (1969), begins with similarities in the dynamics of both the family and the superfamilial community systems:

> Community neglect and abuse of children are as old as recorded history. Yet rarely have communities perceived their own behavior as neglectful . . . Parental neglect has always appeared unnatural and punishable . . . Yet rarely have neglecting parents perceived their own behavior to be as reprehensible as it appears to persons outside their frame of reference. (p. 114).

Lewis goes on to define parental neglect and--again in a substantially parallel way community neglect.

> I consider community neglect as existing where there is evidence of persistent, inadequate, insufficient provisions of resources for child care by community authorities and where the behavior and attitudes of such authorities offer little or no likelihood of improved provision of resources without some outside intervention. (Ibid).

In other words, it is possible to talk about neglect at the level of the community, or even the "national system." Lewis's statements receive support from later writing by Lowe and Alexander (1974). Noting that the federal government has become the principal provider of health services to the 16 million medically indigent children in this country, they decry the level of care being given. ". . . It is in health status that poor children are most strikingly disadvantaged. The clustering of morbidity and mortality is this segment of the population is stark evidence of deprivation." (p. 142). While one cannot overlook the fact that other deprivations, beyond medical care, may be responsible for the greater morbidity among poor children (and, even more markedly, among poor adults), their statistics are dismaying. Minimal health care is one area in which the community _has_ assumed responsibility for poor children.

A phrase like "community neglect" may acquire so extensive a meaning as to lose professional usefulness and become a slogan. There are, nevertheless, instances in which a child's major dependence is on agencies beyond his family, and these are operated at a level that is neglectful. Following Lewis, one might hypothesize that _agency neglect_ is more likely to occur in a context of social indifference and disorganization of the kind implied by community neglect. Here are forms of neglect occurring outside the family which are recurrently mentioned in professional circles.

1. _Foster care_. When we remove a child from his home, are we placing him in another nearly as bad? It is not without cause that the Child Welfare League of America sets high standards for member agencies in the selection and supervision of foster homes. One of the first women I ever treated as a young caseworker was a single woman of 24 living with her eight year old

son whom she had by her foster father, during a welfare department placement in upstate New York.

2. Children's institutions. Dedicated social workers in state agencies are responsible for inspecting and licensing children's institutions for their states. It is no secret that in almost every state there are institutions for dependent children, especially, which are potentially damaging, and which really ought to be closed. State agencies for the treatment of delinquent youngsters are among the offenders. Nor are poor children the only ones victimized. I have had several patients in psychotherapy who despised the boarding schools to which they had been sent as children. A proportion of the youngsters in such schools are "throwaway children."

3. Children in limbo. The form of agency neglect which received the most attention lately involves the failure of responsible authorities to create a stable structure for the child's life. That courts and agencies often leave the child in limbo while waiting to see what his natural parents do has been well documented by Sherman, Neuman, and Shyne (1973). The need of the child for a sense of continuity has been argued most recently with the authority of Anna Freud (Goldstein, Freud, and Solnit, 1973). The expense of indecisiveness may prove enormous in dollars and cents, as well (Fanshel and Shinn, 1972).

4. Day care settings. Despite our high hopes for quality day care as a form of compensatory treatment for children from inadequate homes there is, alas, a significant amount of child neglect being practiced in facilities utilized by working mothers (Emlen, 1974). As for private arrangements, the woman who "keeps" others' children in her home is sometimes too limited in intelligence to join the other mothers in their better paid factory work.

5. Expelled children. A public school is not a reformatory. Yet, having taken the step of expelling a child from school, what is to become of him? The lack of suitable plans covering ego-disturbed youngsters must be seen as still another form of societal neglect.

6. Medical facilities. Finally, and sad to relate, there are at least some medical facilities serving children whose obtuseness to the impacts of waiting rooms or open discussions of their illnesses, or understaffing must be labelled forms of agency neglect.

F. Methods of Measuring Level of Care

How does one decide in a concrete instance whether a child is being neglected? Some circumstances are widely used. Thus, if a young child is left by himself for hours, or even several days, he is deemed abandoned and therefore neglected. But, not many conditions are so clearcut. Suppose a three year old is left in the care of an eight year old while their mother is at work. Is this abandonment? What degree of malnutrition reflects neglect?

Instruments for assessing parental behavior which are regarded as "standard" in research on child development prove inapplicable to child neglect. Nearly all child development research assumes the children studied are being fed regularly, sleep in beds with adequate covering, and the like. The concerns of those dealing with neglect are more primitive. Nor can they afford to rely solely on self-reports by parents or by children. The only relevant instruments making use of all sources of data are the Family Functioning Scales of Geismar and his colleagues (1973), and the Childhood Level of Living Scale developed by Polansky and others (Polansky, Borgman, and DeSaix, 1972).

The Family Functioning Scales depend on semi-structured interviews for their basic data. Transcripts of these interviews are then read by judges who make ratings on "eight major areas and 24 subareas of family functioning along a scale ranging from 1 (inadequate) to 7 (adequate) with a score of 4 representing marginal functioning" (Geismar, 1973, p. 249). The family's scores on the eight scales are then summed. Satisfactory inter-judge reliabilities have been achieved with these scales, and there is evidence of construct validity. However, the scales are too global to support detailed research on cause-effect relations.

The Childhood Level of Living Scale was developed for research in Appalachia. The phrase, "level of living," comes from rural sociologists pushing to discriminate among families whose life style is at a level where our common measures of socioeconomic status cease to discriminate (Belcher, 1972). The basic data in the scale are a series of true-false judgments made by a caseworker or a public health nurse who is reasonably well acquainted with the family. This means the information comes from interviewing, from direct observation, sometimes from collateral sources. The CLL is divided into two parts: Physical Care; and Cognitive/Emotional Care. The items are very specific, and frequently readily observable (e.g., "The floors of the house appear to be swept each day"; "Mother mentions spontaneously that she cannot get child to mind.")

Interobserver reliability should be adequate, but it has never been tested because testing it would require that at least two professionals have had equal and simultaneous access to the same family. Nevertheless, the CLL has shown good evidence of construct validity (Polansky, Borgman, and DeSaix, 1972). Limitations of the scale are worthy of note. Although it has been applied in a large city (Hepner and Maiden, 1971), it would seem to require modification for such a different setting. Second, it became obvious in work on the scale that what is necessary care for one age group may be irrelevant to another. The CLL was designed with a four or five year old child in focus.

With a bit of training, the CLL has proven useable by non-researchers (e.g., AFDC workers). However, many workers find that they lack numerous bits of specific information which the scale requires. Even though work on inter-item correlations has shown the number of items in the original form can be markedly reduced (Polansky and Pollane, 1975), it is still necessary to be well acquainted with the household to be rated. Consequently, the CLL has also become a training device to orient workers regarding what to look for in assessing child care. The major limitation of the CLL is this: At what score, at what point on the scale, would we conclude that the family in question is, in fact, neglectful?

At this writing, the CLL must be regarded as promising on several grounds: (a) It is feasible; (b) It is valid for certain purposes; (c) Through unitizing the measurement process, it has demonstrated the degree to which "good" or "bad" child care is all of a piece. On the other hand, the issue of interobserver reliability remains unresolved. Finally, there is the question whether the CLL can be made generalizable. There is reason to doubt we can anticipate developing a scale for adequacy of care which can be used with all age children in all circumstances. The price paid for transportability is the use of items which are too abstract and too global. The preferred solution would be a series of several Childhood Level of Living Scales suitably calibrated and adapted to the conditions one has in mind.

G. Research Directions

What implications for research come to mind with respect to the above? Most pressing is the need for "methodological research," with the focus on development and refinement of measuring instruments and techniques. Scientifically, the identification of neglect is a methodological issue. And deciding whom is being neglected is critical to taking action or conducting studies.

Less because of its unassailable merit than my familiarity with it, I will use the CLL to illustrate a couple of research advances. They run on well-worn basic research tracks, but with applied turnings.

Given the complexity of the phenomena subsumed under neglect, and our present state of ignorance, it would be inane not to use a multiple-dimension or a multiple-item scale for estimating it. Hence, there will be work needed on internal consistency. The usual reasons for studying internal consistency are these: (a) To reduce the length (ergo the cost of use) of the scale by eliminating items that are redundant--where one correlates nearly perfectly with another; (b) To be sure, on the other hand, that those items retained in the scale all "measure the same thing" --have at least a moderate correlation with each other. For example, our own analyses of items in the Childhood Level of Living Scale found intercorrelations that were surprising. State of repair of one's house, adequacy of feeding, the clothing the child owns--all seem to go together. Indeed there was a substantial correlation between the sheer physical care children were getting, and their ratings on Cognitive/Emotional Care. Not only were there intercorrelations in data compiled by our own research social workers, but there were comparably high intercorrelations among items in judgments of their cases by fourteen AFDC workers.

It is very important to establish whether the child's level of care is universally, or (more probably) typically, so much "all of a piece." For, it would permit us to make inferences--of the sort Gordon Allport (1937) called condictions--from what we definitely know about a child's life to other things we do not know and cannot observe. We could act with more confidence on the basis of fragmentary information. Information on neglectful families tends to be fragmentary.

There are important methodological lacunae in our own work. In our studies, all ratings on the CLL of a given child were made by one person. (We have no apologies for this: it was often hard enough to get one person into a family). Therefore, one cannot decipher whether substantial intercorrelations among items represent "halo effect" in perceptions by the rater, or the state of affairs in the homes studied. Many of our items are so concrete it is hard to imagine their having been influenced by "halo effect," but the possibility remains.

There is need for a couple of studies wherein two people, at least, both come to know a series of families equally well at the same stage in their lives, but do not communicate their impressions to each other. If each were then to fill out the Childhood Level of Living Scale, the following procedure could be followed. Rather than intercorrelating Items 1 and 2 from Observer A, correlate Item 1 from A against Item 2 from Observer B. If there were even 30 families in such a series, a study could be done, but larger numbers would be highly desirable. This design would control for the degree of relationship among items attributable to the tendency of one rater to form a set toward a given family and reflect it in all his judgments. Interestingly, it would not control for the possibility that the two observers might *share the same set* deriving, conceivably, from their common training or even their subcultural group.

We are led, therefore, to emphasize the desirability of work on interobserver reliability. Of course, all such studies as these depend absolutely on placing at least two observers in similar data-collection positions at the same time. There are a couple of settings in the country that seem to have unique advantages for conducting such studies (e.g., the emergency housing project conducted by the Henry Street Settlement in New York) but it is not for us to tell them the research in which they should be interested.

More critical are studies thought of as *validational*. The scientific reasons for validating instruments are obvious; what are the practical? It comes to this: Does it really matter to a child whether he or she is growing up in a house that has cardboard replacing broken window panes? Do such unrepaired leaks and holes in one's apartment correlate negatively, say, with current intelligence? Do they predict delinquency in the future? Studies of validation against an external criterion have significance in recommending which lines of evidence a court ought most attend to.

My reason for preferring specific items in the instruments under scrutiny is that they permit investigations which global scalings do not. Since combining items into larger indices is a possibility always open to one, one can also study such a question as whether the confluence of multiple deprivations has the deleterious effect on the child (as I suspect) rather than single experiences.

I hope the social workers and the courts will not wait upon the completion of these tedious studies, as of course they cannot. Even if no demonstrable long term damage results, it is unbelievable that a child's walking to school with only a thin, cotton jacket in freezing weather is something we want to permit. That is why the expression "avoidable present suffering" is included in my definition of neglect.

Influences Contributory to Neglect

What "causes" child neglect? After examining the relevant literature in a survey completed a year ago, our group concluded that not much is known with certainty about the forces making for neglect (Polansky, Hally and Polansky, 1975).

In the present analysis, we will venture a more critical stance. First, as neglect is a multiplex phenomenon, it is extremely unlikely it will be found due to a single underlying cause. Rather than searching for the etiology of neglect, we should anticipate finding something about the etiologies of various forms of neglect. Second, it is equally naive to assume that because neglect varies its causes must be infinite. As with most social problems, it is likely that several forms of neglect will be found to stem from a common underlying cause. Hence, the expectation should be to find a limited number of "syndromes" linking causation to forms of expression. When seeking syndromes, analysis of the field of discourse precedes empirical and theoretical synthesis. There is need, therefore, to order the variables and insights thus far advanced.

Experience as a researcher, and latterly as a consultant, has led to another general notion. From failures of research designs, we have gleaned some ideas about designs that are, and that are not, feasible for exploring linkages between neglect and its precipitating factors. These ideas seem worth settling down, the more so, since they do not necessarily accord with conventional wisdom.

A. Considerations in Appraising Research Designs

The projected experiment is highly advantageous for establishing empirical linkages among concepts. Unfortunately, this fine design has limited applicability to the present problem. Ethics do not permit us to demonstrate our ability to produce neglect; our successes in this direction are hopefully inadvertant. What contribution can the projected experiment make? Only a negative one. If, following a theory about the causes of neglect, we can show how it can be prevented, we have moved toward validating the theory. In short, the efficacy of the projected design is largely visible in projects and experiments geared to prevention. But, preventive work ordinarily assumes we already know the causes.

We are led to the exploitation of natural experiments. Here, we have prospective and retrospective studies. In a typical prospective study, we start with known variations in possible cause. For example, we begin with a sample of families whom we "score" on a variety of dimensions. The families are then followed up five or more years later to see which have been involved in neglect and how they differ from those who have not. In a retrospective study, we usually start from a known difference in effect. We take fifty families not thought neglectful and compare them with fifty who are so regarded. Do the two groups differ systematically on other factors that explain the neglect? Could the occurrence of neglect have been predicted?

The major disadvantage of the retrospective design is well known. In getting at background variables, we are at the mercy of each informant's ability to recall accurately, and to report without distortion. Because of problems with retrospective data, prospective and longitudinal designs appear more attractive.

Unfortunately, these favored patterns have their limitations, too. With longitudinal studies, we have a problem of panel attrition. And it is those families of greatest interest, neglectful families, who are likely to disappear from the cohort. A second handicap of prospective designs rests on the fact that we are concerned with a low-incidence phenomenon, raising questions about design efficiency. Out of a sample of 1,000 "average American families," it really seems unlikely more than forty or fifty will prove neglectful. We then have a carefully studied group of "normal controls," nineteen times those it is hoped to understand. Meanwhile, a disproportion of those lost from followup will come from those low on the scale of child caring (Geismar, 1973, pp. 23f). At a minimum, it seems best to draw one's overall sample from populations thought to be at high risk--e.g., persons living in poverty.

Research on determinants of neglect is now such that it is unwise to follow textbook solutions in doctrinaire fashion. The field is not ready for designs of highest precision. But, enough is known about neglect from a long history of work with such families and some research that proposals should be at least at the level of diagnostic studies and preferably contain significant elements of experimental design (Finestone and Kahn, 1975). It hardly needs appending that all correlational field studies suffer from difficulties in ruling out the impact of unmeasured latent variables and other contaminating influences.

Thought should also be given to utilization of patterns developed for clinical research. These include *contingency hypothesis* designs, of the sort employed in trying to validate psychoanalytic practice at Menninger's (Kernberg et al, 1972). It would also include the logic of "single-case designs" which are now being used among those employing behavior-modification (Thomas, 1975).

If the search is for cause-effect links, *what effect* do we have in mind? We are faced with what Stern, Stein, and Bloom so aptly termed "the criterion crisis," in another context (1956). One might decide that unless we fix on "what neglect is" no research can go forward. But too much conservation leads to infinite regress; no issue can then be studied until something prior is settled. I cannot see that course. Those designing research studies should show they are at least aware of the difficulties of definition and *specify the form or aspect of neglect* in mind for their purposes. Specification and delimitation of dependent variables under scrutiny offers the best hope of making studies *additive* when there is unclarity about the dependent variable of interest.

Distinctions mentioned earlier are worth iterating. Is the neglect studied chronic and cumulative, or are we investigating a limited incident? Most studies of neglect concern children who are already born. Yet some mothers begin the process while the infant is still *in utero*, through failure to seek medical attention or eat a proper diet. The term "prenatal neglect" is useful for calling attention to this familiar problem.

In appraising research designs, past and present, one must consider not only scientific logic but also the stage of development of neglect research. It is possible for one study to be anachronistically descriptive; it is possible for another to be precociously rigorous.

B. Approaches to Explaining Neglect

Given the immature stage of neglect research, one would not think there was enough solid information around to support a controversy regarding its interpretation, but there is one. The divergence in ideologies has been imported from such a related area as the study of poverty. One cannot yet describe the controversy as a competition between two theories for neither explanation is sufficiently disciplined and extended to warrant labeling it a theory.

One approach may be labeled the sociological, as contrasted with the psychological or, more precisely the personalistic. Those following the sociological approach emphasize the role of larger social forces--e.g., poverty; ethnic discrimination; neighborhood violence and deterioration. Such forces are thought to underlie differential rates of occurrence of neglect among varied demographic clusters. Neglectful parents are seen as subject to forces beyond their power to combat, as victims, rather than as actors.

The personalistic approach emphasizes personality differences among parents. Even among groups at high risk, the proportion of neglectful parents is seldom a majority. Therefore, what attributes characterize those who protect their children better? In the personalistic approach, the focus is on the neglectful person as actor rather than passive unit in a larger system. This is as true when neglect is attributed to ignorance of "how to parent," as to characterological problems stemming from early life mishaps. On the issue of determinism, the personalistic viewpoint is ambivalent. People are recognized to be subject to their limitations. Yet, they are also thought free enough to change at least some aspects of their child care practices. These two approaches are not, conceptually, sufficiently on the same plane to collide. Actually, they are potentially complementary and are so used in social work within a framework of general systems theory. For once, there is less disarray than meets the eye.

One generalization needs to be discounted. This is the notion that neglect is caused by social factors like poverty, whereas abuse is due to personalistic factors, such as psychosis or parental infantilism. It is impossible to make so neat a generalization with respect to neglect; nor do most students accept that social factors play _no_ role in abuse. We have divided discussion of influences contributing to neglect along the boundary of the major system implicated, the family. The factors fall into two major categories: intrafamilial and extrafamilial.

C. _Intrafamilial Influences_

Determinants from within the family identified and/or suggested include deficiencies in parenting skills; limitations in parental character; stressful life vicissitudes acting on parents; and family dynamics.

1. _Deficiencies in Parenting Skills_

A popular approach to treating neglect (and abuse) rests on the assumption that neglect occurs because parents lack skills which, in Freudian theory, we place within the _executive functions of the ego_. Illustrative are the "parent-performance training program" (Hughes, 1974) or self-conscious use of the social learning model (Tracy and Clark, 1974) in dealing with abusive parents. Social learning theory rests on the basic research into instrumental conditioning of Clark Hull and B.F. Skinner. It was first applied (to the extinction of undesired behavior) by Dollard and Miller (1950); and later psychologists (Bandura and Walters (1965);

(Bandura, 1969) have taken the lead in fostering the spread of psycho-educational practice, and behavior modification.

Possibly because learning theory fits specific, defined behavior incidents more aptly than it does either enduring conditions or failures to act, it has been mostly applied to child abuse rather than to neglect. The theory ascribes inadequate parenting to failure to have learned appropriate parental behaviors (or skills) because of a past exposure to models that were inappropriate or because of insufficient current reinforcement of desired behaviors. Social learning theory discounts the assumptions from Freudian psychology that undesired behavior may be functional for the parent as a defense against anxiety, or that it satisfies continuing drives that are unconscious. The theory is simple and it is hopeful. Parents are presumed to have good intentions which only need to be made effective. Since there is no characterology, there can be no real diagnosis; everyone is thought subject to the same dynamics and susceptible to the same method for change. The theory is threatening neither to the giver nor the taker of service.

I cannot conceive the explanation is routinely relevant. A feeble-minded father, a mother dug into the apathy-futility syndrome, a criminal or psychotic father--these do not seem persons whose neglect can be viewed as stemming simply from the absence of appropriate models. However, in addition to other pathogenic conditions, neglectful parents often have had inadequate parental role models in their own lives.

If practice grounded in behavior modification were shown effective, this would tend to support the theory. Unfortunately, the idea that neglectful parents are primarily in need of retraining is at least two and a half centuries old. It was the failure of parents to respond to offering rewards and threatening punishment that led protective service workers to group them diagnostically and then to study individual dynamics. My own belief is that learning theory is necessary, but not sufficient, to the understanding of child neglect.

Other tenets of this approach to social learning are: (a) That neglectful parents simply do not know what children need. (b) That they do not anticipate being rewarded enough for good child caring to give it--the behaviors are not reinforced. That ignorance plays a role in many cases is widely believed by those doing the direct work. But since ignorance so often accompanies other problems which seem more pervasive and serious we do not know how much weight to give it. We encountered neglectful women who, when interviewed with a standard child development questionnaire, gave very socially acceptable answers (Polansky, Borgman, and DeSaix, 1972). The burden of proof is on those asserting lack of knowledge commonly plays a significant role.

We have here another hypothesis warranting testing for two reasons. First, a number of programs already under way rest on the unexamined proposition that lack of knowledge is the typical deficit requiring treatment. Second, learning theory provides the psychological base by which marked subcultural differences in child rearing standards--if such exist--are being explained. (Kearns, 1970).

Another proposition from social learning theory emphasizes lack of reinforcement of desired parental behaviors. If we were to find that most neglectful fathers were themselves, neglected as children, this would be consistent with the proposition. But it would not prove it. Lack of reinforcement is also adduced to explain neglect of handicapped children, or other youngsters who are unrewarding. It was of interest to us, by the way, that although such neglect is mentioned by hospital social workers and others, the only published accounts we found dealt with abuse of handicapped children (Elmer, 1967; Birrell and Birrell, 1966; contrariwise see Gregg and Elmer, 1969). The clinical evidence is complicated by mothers' needs to repress rejection of their children and the other complications their egos introduce to cope with the life disaster of having a handicapped child (Polansky, Boone, DeSaix, and Sharlin, 1971).

2. Parental Character Structure

The study of character contrasts with social learning theory, which sees neglectful parents as rather like everyone else. A characterological approach assumes the low standard of child care is one of a number of related expressions of *the sort of person* the parent is. The child neglect is seen as symptomatic rather than basic to how the parent functions. The question becomes: how do neglectful parents differ in character from those not thought to be neglectful?

Characterology makes diagnosis feasible. The *diagnostic approach* in social work holds that treatment regimen should follow diagnosis. It is not possible unless we can categorize clients on traits that are meaningful--that is enduring and pervasive (Polansky, 1971). The majority of all social work clinicians have followed the diagnostic approach. It is not surprising that two of the major studies of neglect from the side of social work, those by Leontine Young (1964) and Polansky, Borgman, and DeSaix (1972), should have come up with observations about parental characters implicated.

It is important to note, *en passant*, that once a diagnosis has been made (e.g., that a neglectful parent is "infantile") it is still necessary to spell out the dynamics of the neglect. Character diagnosis, unelaborated, does not provide enough information to suggest successful intervention.

The study of character and dynamics in the Freudian tradition is not tolerated amiably as is learning theory. Sociological critics identify diagnosis with "labeling," and with "blaming the victim." Investigation of unconscious factors upsets those unfamiliar with it. Finally, since the study of character deals with traits that are self-sustaining, it is not an optimistic analysis nor a simple one. If there are significant differences among people, no single treatment method is likely to succeed with all; and we surmise there are substantial numbers of parents we do not yet know how to help. To quote Meier (1964)

> Among parents who are neglectful or in danger of becoming neglectful of their children there are those who are simply overwhelmed by external pressures, those who are unknowing of standards expected from them in a community whose ways are strange to them, those whose physical stamina is unequal to the task of child rearing, those reacting to their children in terms of their own unresolved conflicts and unmet needs within their own past or present circumstances, and those who are mentally ill. There are also likely to be a considerable number of parents with defects in ego development who are diagnosed clinically as character disorders. . .(p. 186).
>
> . . . It can be expected that "retooling" for work with these kinds of difficulties will cause difficulties for the social worker . . . Permissiveness, acceptance, guilt-relieving techniques and explorations of the client's early deprivations --attitudes and techniques of value with the neurotic--are ill-advised for the person with ego defects. (p. 187).

3. Intergenerational Cycles of Neglect

The logic of characterology underlies the search for early warning signals. In the same tradition, it is also believed most patterns that are pervasive have their roots in the family of origin. A number who have studied the problem confirm the frequent occurrence of an intergenerational cycle of neglect. Polansky, Borgman, and DeSaix (1972), for example, report that those mothers giving their children less adequate care came themselves from families in which one or both parents were rated as "inadequate." A rather typical statement is from a paper by the National Study Service, repeated in Lewis, Jahn and Bishop (1967):

> Perhaps most serious of all is the fact that children who have experienced poor parental care, deprivation, and lack of opportunity, are likely themselves to spawn another generation of deprived, neglected, or mistreated children . . .

> This cycle was illustrated in an NSS study of foster care in the Massachusetts public welfare system . . . In nearly one-fourth of the families encountered in the study . . . at least one of the parents and in three instances both of the parents had themselves been neglected children. Three families out of the sample have a history of unresolved child neglect and unsatisfying foster care experience covering three generations. (p. 45).

Similar impressions are reported by Young (1964), Gunn (1970), and Oliver and Taylor (1971).

On the other hand, Giovannoni and Billingsley (1970) report,

> Three characteristics of the families in which the mothers had grown up were examined: family structure, family stability and patterns of parental role dominance. Not one of these background characteristics was associated with the present status of maternal adequacy among these mothers (p. 197).

How common is it for neglectful parents to have been, themselves, neglected children? There are serious methodological limits in all the relevant studies. In our study, the contrast was between mothers giving their children a higher vs. lower childhood level of living, so neglect was not at issue except by extension. Moreover, judgments of grandparental adequacy were based largely on reports by the mothers; perhaps competent women did more to conceal painful facts about their backgrounds. Young's study was done with records from several social agencies. Her data suffer many of the same limitations as did ours. On the other hand, Giovannoni and Billingsley's study involved "one-shot" interviews. Their published reports are not really complete enough to permit independent evaluation of their conclusions. And the failure to find a relationship between maternal adequacy and background factors of the gross sort they mention cannot be taken as definitive evidence that no relationship exists.

So, the question whether neglect typically carries over between generations requires further empirical studies. The existence of the cycle is predictable from both the social learning and the psychoanalytic approaches. If the postulated cycle is confirmed, this fact will lend further urgency to intervention in neglect. As we have noted in earlier writing, with the identification of an intergenerational cycle of neglect, research on etiology becomes coterminus with the study of sequellae.

4. Infantilism

Among those in social work practice and research who have asked themselves what is distinctive about neglectful parents, an observation recurs. Not infrequently, both parents are found to be psychologically immature (Bandler, 1967; Oliver and Taylor, 1971; Sullivan, Spasser, and Penner, 1974; Polansky, DeSaix, Wing, and Patton, 1968; Wasserman, S.L., 1974). Of course, any of us, under the pressure of disasters like illness or poverty, may regress. But, the immaturity most writers have in mind is not currently reactive; rather, it stems from developmental failure.

I believe we have gone furthest in formalizing the conception and subjecting it to empirical test in social work (Polansky, Borgman, and DeSaix, 1972; Sharlin and Polansky, 1972). We have incorporated Ruesch's conception of "the infantile personality" (1948) as well as David Levy's (1943) germinal work on infantilization, and have introduced the noun, infantilism, to describe the state. Using psychological tests, both structured and projective, and a variety of other indices, we were able to demonstrate in our major study that the deficiency in child care reflected patterns that extended across cognitive processes, verbal behavior, work records. object relationships. We also found evidence which led us to hypothesize that, unfortunately for the children, it is more typical for an infantile woman to be married to a grossly immature man than to find one parent compensating for the other. Once again, we are dealing with a conclusion of too much practical import to be accepted on the basis of a single study. Therefore, we are now trying to replicate our previous study with an urban poor, white population in the metropolitan area of Philadelphia, (Polansky, 1975).

Infantilism is a useful conception clarifying interrelations among a variety of ego disturbances, including addiction, criminality, obsessions, and psychosis. However, we have used it as a residual diagnosis: the immaturity, itself, is the significant factor whose symptoms tend to be diverse and diffuse. Infantilism seems to be the pattern most common in child neglect.

Let me illustrate. We listed above distortions in object relations as one aspect of infantilism. Unresolved separation anxiety is universal in infantile characters. It makes them cling to objects not always because of positive satisfactions as because they become overwhelmed when they try to break loose. Infantile women bind their children tightly to them. So, neglected children are often rigidly attached to their mothers. It was disappointing to note that, in their emphasis on the need of the child for a dependable mother, Goldstein, Freud and Solnit did not also point up this possible distortion which is motivated by anxiety rather than progress toward security and maturity (1973). Anna Freud obviously remains fixed in her disregard of contributions by Bowlby (1969) which seem important in the study of neglect.

We have identified a further subdivision which seems significant. One form of infantilism we have labeled the Apathy-Futility Syndrome. The latter term fits a group of parents, again without specific psychiatric symptoms, who are found hardest to understand and most baffling to treat by many front-line workers. We have listed the features of the syndrome as follows (Polansky, Borgman, and DeSaix, 1972):

> (1) A pervasive aura that nothing is worth doing. These women do not set up goals or pursue them with energy or purpose. . .
>
> (2) An emotional numbness which is sometimes mistaken for depression. It is not so lively as depression.

(3) Absence of intense personal relationships beyond forlorn clinging even to her own children.

(4) Expression of anger passive-aggressively, especially in defiance of authority figures.

(5) Lack of competence in many areas of living, often visibly associated with the fear of failure . . .

(6) Non-commitment to positive stands and low self-confidence, which contrast with persistance in stubborn negativism.

(7) Verbal inaccessibility regarding important feelings and difficulty in facilitating the thinking through of problems by talking about them.

(8) An uncanny ability to infect those who try to help with the same feelings of futility. (p. 54).

Others who share our dynamic orientation will recognize the schizoid elements in the syndrome.

Another group of infantile parents has been identified as Impulsive; they correspond to the so-called impulse-ridden character. Neglect among Impulsive mothers appeared to be more typically episodic, as the women involved disappear temporarily on alcoholic or sexual binges. Abandonments contrast with the listless, low level of care characterizing the Apathy-Futility group. Impulsive mothers seem generally more intact and competent, and more treatable by methods for dealing with neglect presently in use; the Apathy-Futility Syndrome seems to represent very deep-seated problems with a guarded prognosis, even after several years of efforts at helping.

The major dynamic in the Apathy-Futility Syndrome is massive detachment as a defense against the despair associated with feeling abandoned during the first year of life, a reaction which has never been compensated by later maternal comforting. Impulse-ridden mothers, on the other hand, do not seem to have felt so desperately alone as infants. Therefore, rage and depression are both closer to consciousness. Both anger and recurrent absorption in pleasure are used, from time to time, as defenses against the depressive core. But, such women are better able to love and to perform; they are "in touch."

These formulations are palatable to colleagues who share our orientation (S. Wasserman, 1974; Sullivan, Spasser, and Penner, 1975). They stand in need of further testing and refinement. An obvious direction of extension would be into the study of the fathers, a group we found elusive to research in our mountain families.

A group of the character disorders about whom we have a fragment of evidence is the father confined for felony (Polansky, Borgman, and DeSaix, 1972, p. 186). In a study in which the Childhood Level of Living Scale was applied to ninety-odd rural AFDC families in Western North Carolina, it was noted that children on public assistance because the father was in prison were living at the lowest level among those studied. But, does this tell us something about the men involved, or about the women whom they marry? We have not found any other comparable studies of neglect among the children of incarcerated parents. Other parental problems supposedly implicated in neglect include drug addiction (Densen-Gerber, Hochstedler, and Wiener; 1973); and alcoholism (Swanson, Bratrude, and Brown, 1972). Densen-Gerber has been particularly concerned about pre-natal neglect, and the danger to the newborn of the mother's failure to abstain from drugs during her last trimester. It is of interest that these observations come from psychiatry rather than social work.

Similarly, there is nothing in the recent social work literature about the impact of psychotic parents, nor the extent to which parental psychosis contribute to neglect. We now encourage early discharge of psychotic patients without regard for the impact they may have on the children to whom they return. Only one study of psychotic mothers and their deleterious effects on their young children was uncovered, and that was by Yarden and Suranyi (1966) from Israel.

5. Retardation

A similar complaint might be filed with respect to programs dealing with mental retardation. The role of low intelligence in neglect has been postulated by a number of persons (e.g., Pavenstedt, 1973). Apparently, relatively few severely retarded persons became parents because congenital anomalies reflected in the mental deficiency often include procreative organs. Yet, numbers of persons whose intelligence is borderline defective and below are, in fact, parents (Henshel, 1972).

This fact is almost never mentioned in current social work literature. Yet, it seems inevitable retardation is a highly significant factor in child neglect. The massive deprivations which produce severe character disorders are also likely to deter intellectual development. So retardation may be expected as a complicating feature among many parents with other serious problems. And, how well can a person fulfill the parental role if he or she is severely limited intellectually? Can mothers carry out home medical care? Do they understand dangers to which their children are exposed? A number of families are on AFDC owing to the breadwinner's mental limitations.

The only American study of the relationship of maternal intelligence to child neglect was that conducted among cases known to a county welfare department in North Carolina by Borgman (1969). His results indicate a significant relationship, but we are unable to say at what IQ level a mother is so limited she cannot carry out her role. One does not expect a simple answer. Some aspects of the maternal role require more intelligence than do others. Measured intelligence, per se, does not fully predict the competence of a retardate; much depends on emotional status. Overprotection may increase the retardate's helplessness, perhaps because of the mother's need to cling to her child (Hartman and Boone, 1972; Sharlin and Polansky, 1972).

The neglect of this important factor in the literature is striking. So is the failure to test parents involved in neglect or to estimate their probable intelligence from other data. A program for ameliorating neglect caused by intellectual limitations obviously should be different from one appropriate when the parent is an impulse-ridden character. In a monograph specifically designed for front line workers, we have offered suggestions for the diagnosis of retardation from evidence more usually available to a social worker than are formal intelligence tests; and suggestions are also given for the treatment of neglect cases involving a retarded mother. The role of parental intellectual deficit in neglect is another area of greatly needed research. (Polansky, DeSaix, and Sharlin, 1972).

6. The Unempathetic Mother

In a classic paper, Robertson (1962) identified a group of women, known to an English clinic, who seemed competent and well-motivated, but whose children were obviously showing signs of emotional deprivation. The deprivation seemed to derive from the mother's tactlessness, her inability to empathize with her infant's feelings and needs. Unempathetic mothering serves to illustrate that neglect can occur despite adequate cognitive maps and conscious motivations to "be a good mother." Failure of empathy is also frequently found among infantile parents, as well as among all with severe character disorders.

7. Parental Neuroses

Some neglectful parents are depressed. Depression may be reactive to desertion, death of the mate, death of a parent or child, or other life disaster. The frequency of clinical depression is not stressed in the literature on neglect. Other neurotic patterns familiar to most skilled clinicians have not been explicated in respect to neglect. These include fear of becoming a parent because of anxiety about displacing the anger experienced against one's own parents onto one's children. Other dynamic constellations need to be identified and elucidated just as in child abuse. As a first step, a group of expert practitioners might help to list a series of the dynamics interfering with parenting in otherwise intact persons. Parental neuroses are implicated also in unwanted pregnancies.

Data are needed on the prevalence of depression as a factor contributing to neglect; it would be helpful, too, to have an analytical mapping of other dynamics mentioned, but this latter task is not yet ready for quantification.

D. Life Vicissitudes

We turn from intrafamilial factors, viewed primarily from the personalistic standpoint, to matters often labeled "situational stress." However, what is stressful depends on who is experiencing it and how well he copes. So, when one talks of "Stress," he is really saying, "Any average person would reflect strain if this happened to him."

Robert Borgman (1975) has suggested that stressors may be divided between predictable life events--e.g., developmental stages; seasons of the year; etc.--and unpredictable events--e.g., fires; hurricanes; floods; promotions; losing one's job; etc. More importantly, systems at different levels may be experiencing the stress. At the level of the macro-system, we might find the prevalence of child neglect associated with economic changes or with political upheavals. At the intermediate-system level, neglect might be related to the family's social mobility; its falling into debt; marital combat; neighborhood disorganization. The personalistic level is viewed as a micro-system, referring to the individual personality as the system under stress when, for example, ill health results in depression. The contribution of systems analysis is for conceptualizing primary and secondary prevention: it helps to specify the target of effort and the chain of events by which you hope to do some good.

We have only the most fragmentary evidence regarding vicissitudes precipitating neglect. But this state of affairs may not be adventitious. It is odd to talk about crises in neglectful families when so much of their living seems one long crisis.

1. Poverty

It has been repeatedly asserted that poverty is the major contributor to child neglect (Kadushin, 1967). Therefore, it was surprising to find that the assessment of its significance is drawn from a relatively few studies, not all of which provide satisfactory bases for drawing conclusions.

Gil (1970) found in his study of abusive parents that nearly 60 percent had been on some form of public assistance during or prior to the study year; 34.1 percent were receiving AFDC grants. In a later study by Geismar (1974), over half the families reported for neglect and abuse were receiving public assistance; only about one-third of the families were fully employed. Similarly, Horowitz (1974) reported 56 percent of his cases of substantiated abuse were receiving full or supplementary public assistance.

Yet, there is doubt about the significance of poverty as a causative factor in child abuse. Thus, Steele and Pollock (1969) remarked:

> It would be hard to find a group more deprived and in more socio-economic difficulty than the Spanish-American migrant agricultural workers. We spent some time running down rumors of child abuse in this group and were unable to document a single instance. Possibly some cases do occur, but we were unable to find them (p. 108).

A major methodological issue is whether samples available were representative. If a study is done in a large, municipal hospital serving the poorest part of the city, it is not surprising that the abuse and neglect cases seen are poor and on relief.

The conclusions of Giovannoni from a study in which abuse and neglect cases were compared is especially of interest because of her sociological orientation.

> In general, the patterns of findings in this study would support the idea that abuse tends to be less clearly related to socio-economic status than does neglect, less directly linked to the kinds of environmental stress presented by poverty, and more closely associated with intrapsycnic and interpersonal difficulties than neglect (Giovannoni, 1971, p. 650).

In another study by Giovannoni and Billingsley (1970) a group of non-neglectful mothers was compared with a group regarded as neglectful. Both groups were living below the poverty line. ". . . Even with such a highly attenuated population, the neglectful mothers had significantly lower incomes than did the non-neglectful mothers, and further, they had far fewer of the basic necessities of life." (Giovannoni, 1971, p. 650). The studies by Giovannoni and Billingsley show that in addition to experiencing even more abject poverty, neglectful mothers are more likely to have been abandoned by their husbands; there is evidence of inadequate functioning in general. In our studies in rural Appalachia, we also found neglected youngsters come from among the "poorest of the poor." (Polansky, Borgman, and DeSaix, 1972). Giovannoni prefers to interpret her results in terms of the stress of poverty; we believe the relationship is more complex. For example, we found that mothers of children receiving the lower standard of living were already less successful in school, in dating, and at work prior to their child-bearing years. Personalistic factors must be invoked to explain which women succeed in coping with stressful lives. Even among different families who are all on AFDC some children are receiving perceptibly better care than are others.

Meanwhile, studies showing neglectful families are often on welfare are at most suggestive (Mulford and Cohen, 1967). Nearly all studies concern persons who have been chronically poor. Much might be learned from surveying families who have undergone a sudden loss of income. Chronic poverty is so interdependent with a host of other life deficits, physical and emotional, that it is impossible to trace its impact.

The significance of poverty is of great practical consequence. Some believe the major cure for neglect is to give the families more money and other amenities; others, like me, believe financial help is a necessary, but not sufficient, condition for preventing and/or "curing" child neglect in most instances.

2. Unwanted Pregnancy

Potentially upsetting to the stability of a family could be occurrence of an unwanted pregnancy. Podell (1973) reported a provocative study of attitudes toward having children among mothers living on welfare in New York. Of the women aged thirty and over, 56 percent had five or more children. Yet, when asked what size families they regarded as ideal, 25 percent said that they would have had no children, and 6 of 10 wanted two children or fewer. Nevertheless, only 40 percent of those married, and in the child bearing ages, were practicing birth control.

> In an Aberdeen survey one in 10 mothers five years after marriage already had more children than they wanted or planned, and this is an area renowned for its free availability of contraceptive advice and liberal attitude to abortion (Gunn, 1970; p. 947).

In America, "The Commission on Population Growth reported that 15 percent of all children born to married women between 1966 and 1970 (some 2,650,000 children) had been unwanted." (Boocock, 1975, p. 17).

In many neglectful families, it is nearly impossible to determine whether the children were wanted when conceived. Their existence seems coincidental to other needs. Among infantile parents, one need is to have a baby to cuddle to ward off loneliness and separation anxiety (Polansky, Borgman, and DeSaix, 1972).

Despite the significance of unwanted pregnancy, the only possibly relevant study turned up was by Forssman and Thuwe (1971) in Sweden. They located a series of 120 persons whose mothers had applied for therapeutic abortions, and been refused them. When followed up at age twenty-one, the resulting children were in poorer physical and mental health; males in this group had a higher rate of rejection for military service than did a control group. Females married and became pregnant at an earlier age. The study design did not examine the nurturance given the children, but there was evidence more than average had been battered.

According to a report by the National Academy of Sciences (1966), the highest proportion of couples who never practice birth control, or who have children beyond the number they intend, is found among non-whites in the rural South, or who have a rural Southern background. Low income families in general continue to have more children. The authors surmise that unintended children experience rejection, but this is not specifically shown. Thus, we may hypothesize that an unwanted pregnancy imposes strain on the intermediate-system of the family which might lead to neglect. But, the detailed connection to neglect has never been explicated.

3. Teenage pregnancy

Podell also found that 58 percent of the mothers on relief had been pregnant by age nineteen. The National Academy study indicated that 41 percent of all illegitimate children are from mothers nineteen or younger. That teenage pregnancy deserves to be checked as a possible early warning signal for maltreatment of children is generally agreed.

DeLissovoy (1973) fills part of the gap in our knowledge of modern adolescent marriages. His sample consisted of 48 couples from small towns in Pennsylvania. Average age of the girls was 16; of the boys, just over 17. Forty-six of the 48 couples were expecting at the time of marriage. At the time of the investigator's fourth visit, a child-rearing schedule was administered to the young mothers in the study.

> In general, I found the young parents in this study to be, with a few notable exceptions, an intolerant group--impatient, insensitive, irritable and prone to use physical punishment with their children. Only five mothers, for example, expressed enjoyment of their children in the sense that they spontaneously cuddled or played with them just for the sheer joy of it. . . Only three mothers had attempted to breastfeed their children. (p. 22f).

DeLissovoy cites the similar results of Sears, Maccoby and Levin (1957). The evidence from DeLissovoy's small sample is that teenage parents are likely to be giving care which is at least emotionally neglectful and may also be physically. Their expectations of infants' capacity for self-control and self-care are unrealistic, so he sees special courses on child development in order. However, because the group he studied is clearly atypical of adolescents in other ways, we do not know whether lack of information is the chief reason for the questionable parenting. The role of sheer youthfulness is uncertain. One large agency surveyed its neglect referrals over a 15 month period, and found 80 percent of heads of households implicated were 25 or over (Mulford and Cohen, 1967).

4. Handicapped children

Are children more likely to suffer neglect if they are handicapped or deformed? There are anecdotal reports that such children are more likely to be abused. Typical is the paper by Birrell and Birrell (1960) from Australia on the "maltreatment syndrome."

> An observation made by Fontana et al (1963) holds for several of our cases. One particular child in a family seems to be the focus for abuse and neglect, whereas the others are better, if not well, cared for. Sometimes the child concerned has a malformation--for example, a cleft palate as in Case 1, or a club foot as in Case 4 (p. 1137).

We have no comparable observations from the child welfare literature. The circumstances under which a child's handicap instigates neglect would be a worthwhile area for future research.

5. Adopted children

Triseliotis (1975) studied a form of emotional neglect experienced by some adopted children. This is a sense of rootlessness at not knowing who their natural parents are, or anything about them. In Scotland it is legally possible for an adopted person to obtain information regarding his natural parentage if he makes application through channels. After studying a sample of persons who had made application, Triseliotis concluded the privilege should be universal. Of course, the sample studied by Triseliotis was atypical. Most Scottish adoptees do not pursue their parentage.

E. Intrafamilial Dynamics

Factors considered under this heading are, like those above, at the level of the intermediate-system. However, we shall now be considering forces arising within the family's own dynamics.

1. Paternal Abandonment

A major form of stress from within the family is to have one of the parents leave it. In most one-parent families, the father is the one who has departed. In their study of cases referred for neglect, Mulford and Cohen (1967) found 36 percent were one-parent families.

Nevertheless, the evidence that one-parent families are at greater risk of neglect is mixed. In our study of children on

AFDC in rural Appalachia, we found that in homes where there had been a death or a divorce, the average CLL score was higher than in those where both parents were present. (Polansky, Borgman, and DeSaix, 1972). A study of 105 children known to a mental health unit in Florida compared children from intact families with those from fatherless homes and concluded that fatherlessness of itself was not a crucial factor in the child's difficulties (Kogelschatz, Adams, and Tucker, 1972). Similarly, the bulk of research by no means supports the notion that being a working mother is bad for one's children (Etaugh, 1974). On the other side, of course, is the long list of studies demonstrating that children in various sorts of difficulties we associate with failed parenting come from broken homes--for example, delinquent children (Chilton, 1972).

One is led to surmise that the truth will be more complex than the gross facts indicate. The "cause" of neglect is often not that there is a single-parent home, but that the parents were the sort of people who were unable to sustain close relationsips with persons they loved. So, there is a need for research which probes beyond surface associations to their sources. First, are one-parent families in fact more prone to be involved in neglect? If this is true, does the absence of one parent, in itself, explain the low level of care the children are receiving? Or, as seems more likely, does this symptom exacerbate underlying disease?

2. Role Reversal

The concept of role-reversal is widely applied to families involved in maltreatment of children. It refers to the fact that the parent wants his children to give to him rather than have to be in the position of giving. When demands are made on him, or even when his own demands are not met, he becomes furious and punishes the child for being a "bad parent," as it were. (Morris and Gould, 1963, p. 31).

This formulation applies more clearly to battering parents. It is possible that the same conception might be applicable also to the neglectful, but most of us were looking at our data in terms of parental character rather than role theory. Another possibility is that the kind of role-reversal which leads to demandingness and infuriation is not so typical of neglect as it is of abuse. The idea that parents involved have "incomplete egos" is not very precise, but may relate to identificatory failures that would be relevant to neglect.

3. Isolated Households

Students of neglect have commented that the parents were typically unrelated to organized community groups (Young, 1964; Mulford and Cohen, 1967). Nevertheless, in contrast to abusive parents, neglectful parents are not likely actively to interfere with efforts to offer group experiences to their children (Holland, 1973). We have a further hypothesis: that neglectful families form a protective cordon against the outside world, reinforcing each other's withdrawl.

4. Spite-Dominated Households

At least some neglect occurs because neither parent will "give the other the satisfaction" of carrying out responsibilities. We find, for example, a woman furious with her husband who shows it by appearing tired and indifferent, not caring for her person, her household--nor, coincidentally, her children. How frequent is this pattern? Is it more common in middle-class neglect? How is it linked with alcoholism?

5. Chaotic Communications

No one has better illustrated the disjointed nature of the communication in delinquogenic households than Minuchin and his coworkers (1967). It would be useful to know how common the pattern is in families said to be neglectful.

6. The Large-family Syndrome

We have had the impression that in some families the number and closeness of children overwhelmed the parents. Are neglectful families typically larger in size than their neighbors? Than other families of low socioeconomic status? Definitive answers to these obvious questions are not yet in (Polansky, Borgman, and DeSaix, 1972; Gunn, 1970).

F. Community Pathology

We turn next to factors at the macro-systemic level. The family is a part of such a system, and therefore subject to the turmoils or benefited by advances made by the system as a whole. At present we have been told the number of reported suicides is on the increase; so, too, is the number of cases of child abuse. Both phenomena are thought due to strains imposed by the unemployment in our recession. We will discuss three matters: neglect as a reflection of social disorganization; changing values about the role of parent; and neglect as an unintended side effect of "normal" social institutions.

1. Social Disorganization

When a society is in turmoil, most of its institutions suffer, including child caring. The emotional strain in the lives of little ones living under the threat of terrorism, as in Israel or Northern Ireland, are visible even on TV. Massive economic upheavals have some of the same impact as wars. One thinks of the drought in North Africa, and the starvation of millions of children in these countries.

But, there are less dramatic forms of social disorganization. Families in high crime areas live with fear and realistic anxiety. Living in fear in one's own apartment is, by my definition, an "avoidable present suffering"--but who is responsible for making it avoidable? The police? Is there a long-run impact? These are questions for empirical study.

Until recently, the systems for reporting neglect were so weak that it hardly paid to run correlations between rates of cases reported and other characteristics of census tracts. Now that reporting has been somewhat strengthened, one may anticipate studies which will throw light on the relation of neglect to other social events. Technological advances in the "social index" movement should facilitate such research (Kogan and Jenkins, 1974). This is not to say that we shall be able to be satisfied with the validity of our figures. The odds are that "middle class neglect," so-called, will continue underreported.

For those with epidemiological expertise, studies of this sort are routine, and can be accomplished at a reasonable cost. Arrangements for collation of centralized state reporting into national statistics should facilitate analyses of two kinds: (a) time-series studies, relating changes in rate of neglect to other social currents and (b) cross-sectional studies, in which varying prevalence of neglect in census tracts is related to other variables.

Of course, all such correlations of distal variables require further work to piece out explanations. But, sans correlations, there are no leads to explain!

2. Values about Child Caring

Giovannoni and Billingsley (1970) stressed the importance of learning about families in cultural context. They did this in studying child neglect among families from Black, from Caucasian and from Chicano backgrounds. Another study of cultural variations in child rearing standards is also from the Southwest

(Kearns, 1970). At issue is how much whole cultures value their children and how much investment they make in caring for them.

A highly provocative summary is provided by Boocock (1975). Child neglect is by no means a new phenomenon in America. Accounts during the post Civil War industrialization abound with "descriptions of swarms of unattended, often homeless children roaming the streets of New York and other cities" (p. 16). Boocock estimates that the period after World War II marked an apex in investment in children. But "the past decade has witnessed a counter trend away from the Spockian child-centeredness of the 1950's and early 1960's." (p. 10). There have been increases in the number of divorces in which neither parent wants custody of the children. Even non-gainfully employed American mothers spend as little as fifteen or twenty minutes a day in verbal communication with their preschool children; fathers are said to spend even less time. Television viewing substitutes for adult attention. No wonder we have studies relating aggression in children to their watching violence on TV. (Eron, Walder and Lefkowitz, 1971). It would be worth knowing whether television viewing is not even more addictive in neglectful homes than in most others.

American women are having fewer children, and reproductive rates had dropped below the low point of the Depression even before the current recession; we are now below the replacement rate. In 1970, 45 percent of women under the age of 35 were single. Having children does not strengthen marriage. "Data gathered during the last two decades show rather consistently that the presence of children has a negative rather than a positive effect upon the husband-wife relationship." (Boocock, 1975, p. 18). Boocock concluded that among mature, industrialized societies, America provides the least societal help to working mothers and to the primary family. Are children becoming less valued in our culture? This is a question that goes far beyond concern with neglect. At some point, it involves our desire to survive as a viable, defensible society, something we have never previously had to consider at so fundamental a level.

3. Neglect as an unintentional side-effect of social institutions

The pushers of the industrial revolution in America did not set out to increase the number of homeless children. They were just following the usual business motives--a desire for money and delight in "making the wheels go round." Factories, the concentration and vertical integration of industry, even corporate farming would have developed even if we had had a different economic and political system. Analysis at the macro-systemic level must take into account "normal" economic and other arrangements in a society which contribute to neglect, but which certainly do so without malice or forethought.

Let us list some situations which may predispose families toward child neglect. In none of these, by the way, is there adequate research to justify a firm conclusion. I list them as factors which should be suspected, and which it may well pay to study with fairly rigorous designs.

We have the children of migrant laborers, of course. We also have all the children growing up in families experiencing discrimination in jobs and social acceptance because of ethnicity. The situations of Blacks, Chicanos, Native Americans are now being emphasized; discrimination against Jews, Italians, Greeks, and Poles also continues in this country. There is even a new minority: White, Anglo-Saxon, Protestant children in neighborhoods dominated by another ethnic group.

The neglect sometimes experienced by oft-transferred "army-brat" is now receiving acknowledgement. At some point, it seemed best to place Native Americans on reservations. I wonder whether there is not something like a "reservation culture" which is pathological in several ways, not the least in the lowered living standards of children. Has anyone ever thought to ask what cultures of the Regular Army and the Indian Reservations have in common?

Fascinating is the emergence of new patterns of family living, which have been labeled "alternative family styles." Related child development research is under way at the Neuropsychiatric Institute of the University of California at Los Angeles under the leadership of Bernice Eiduson and Jerome Cohen--the latter well known in social work research. (Eiduson, Cohen and Alexander, 1973).

> A major change in the contemporary American Cultural scene is the emergence of a number of family living styles which differ from the traditional two-parent nuclear family. Living groups, single parent households and two-parent families which are united on the basis of a social rather than a legal contract are among the styles that are becoming more prevalent . . . infants and young children are now being born and reared in these new households.
>
> . . .Through longitudinal studies of 200 children in California, some of whom are being reared in alternative family styles and some of whom are being reared in traditional two-parent nuclear families, we will try to understand the nature of the different environments and family styles in which children are being reared in the 1970's. We are looking at the values and ideologies to which the children are being exposed . . . The influence of family styles on the developing child's physical, cognitive, and socio-emotional growth is also being examined. (Eiduson, 1974, p.2).

The study has enjoyed good cooperation and the work is still in progress. Synanon communities were among the most interesting places to observe because they emphasize reliance on peers rather than strong attachments to parents or parent-like adults. The Kibbutzim in Israel, for example, vary considerably on this dimension. Unfortunately, Synanon withdrew from the study. The work goes on with 200 families in all parts of California. "We have not yet developed the child development findings from the project in as much as the project children are still in the first year of life" (Cohen, 1975). In such work, it is impossible to draw a representative sample for study. Rather, one has to follow a chain of person-to-person introductions based on establishing trust. So, there will inevitably be measurement issues with which one might cavil. Still, Eiduson and Cohen have a marvelous idea.

My own concern is with inadvertant side effects. Why should alternative life styles prove exempt from all human difficulties? Can something like child neglect (e.g., in a commune's demand for precocious responsibility in the child) also emerge in these settings? If it does, what forms will it take? And if it does not, despite earlier pathology at least some couples have shown, we will have leads to a major breakthrough in our understanding and treatment of neglect.

Early Warning Signals

Neglect is a condition so serious, usually so hard to overcome, that it seems best to try to prevent its occurrence. Therefore, I am unhappy to report that, in my opinion, the state of knowledge is not yet sufficiently advanced to warrant any substantial investment of funds or energies into locating "early warning signals."

The reasons are several. Systematically, neglect becomes the dependent variable, or at least the consequent, whose antecedents we would like to be able to identify. Given the complexity of the neglect variable, identifying its antecedents promises to be a most disorderly enterprise. Second, early warning signals can be more readily derived and then tested in fields in which an encompassing theory exists. No such theory exists for child neglect. Finally, lacking a unifying theory, early warning signals might be discerned on the basis of a large accretion of reliable empirical information. Do the pages preceding suggest such an accretion in this instance? Studies having to do with forces contributing to neglect take strategical priority.

There are dangers in the premature invocation of early warning signals (Wald, 1975). They remind us of Type 1 and Type 2 errors in inferential statistics. On the one side, there is the danger we shall fail to intervene soon enough in a situation which will almost surely become neglectful; on the other, however, there is the danger of labeling a family pre-neglectful in an era in which our label is sheer presumption.

However, I do want to set down a few preliminary conclusions. They have to do with the question: What *sort* of early warning signal is worth having? What criteria are desired beyond those commonly required in science? Three matters come to mind affecting the usefulness of factors: signal visibility; positional requirements; and interventive leverage.

For an early warning signal to be of help, it must come to the attention of persons *outside* the family. So *signal visibility* is an important criterion. There are also positional requirements. We have a state to whom the signal is likely to become visible. The best *monitoring posts* are pieces in the societal network past which whole cohorts of children must pass. One that is relied upon is the school, of course; but, the school is of little help in identifying neglect of the younger child, and less for predicting it. Public education campaigns put larger numbers of citizens in the position of monitors. Meanwhile, the important monitors of very young children, now, are public health nurses and the police.

Society includes a number of persons in *gatekeeper* positions.

Gatekeepers have the obligation to be somewhat more searching than are passive observers; therefore, they can contribute to monitoring. One thinks of those charged with approving assistance grants; one also thinks of persons who pass on applications for other services, such as housing and day care. Certain nurses are already serving this function in hospital OPDs. This brings us to the concept of _network alerts._ The family identified by a worker doing studies to determine financial eligibility as potentially neglectful should be tagged for whomever will be in more continuous contact with it. The whole service network needs to be involved.

Finally, it is essential to bear in mind that if one really has no power to do anything about potential neglect little is gained by watching for early warning signals. Some signals do not seem tied to _interventive leverage_. For example, we may know that a neighborhood is becoming increasingly crime-ridden, and may have established (by then!) that crime is a macro-systemic correlate of neglect. What should be offered the families? In a free society we cannot order everyone into the office on the ground that he is now supposedly in greater danger of becoming a neglectful parent than last year. In research leading to social indices, the potential for interventive leverage should be considered. Signals at too abstract, or too encompassing a level are unlikely candidates.

Sequellae of Neglect

Much can be written on this topic, but I have chosen not to do so in this paper. We have covered the available material within the past year (Polansky, Hally, and Polansky, 1974). I do not find anything new from the literature to contribute. Moreover, with the exception of our own study in Appalachia, nearly all of the work on Sequellae has been done by experts in mental health, psychology or child development. Therefore, I will refer the reader to our previous document.

Program-Oriented Research

A cluster of studies has emerged from child welfare which deal with programs in operation. Many of these studies are of small numbers or otherwise limited; often they are in "the fugitive literature." Nevertheless, they contain hypotheses worthy of more rigorous investigation some of which have, indeed, forshadowed later thinking.

A. Characteristics of Known Cases

What sorts of persons and situations are brought to the attention of protective service agencies? Young's (1964) summation is not dissimilar from that of Searight whose conclusions were based on a study of just twenty-four cases of neglect from the Philadelphia Society to Protect Children (quoted by Lewis, Jahn and Bishop, 1967, p. 39):

> The profile of the neglectful family that PSPC is presently serving is marked by characteristics that suggest economic deprivation and family instability. The lack of married family heads; the small number of families supported by wages earned from a full-time job; the number of families on Public Assistance; and the great number of identified problems in the areas of family living arrangements, supervision of children, education of the children, and medical care indicates instability and lack of necessary financial and social resources.

A difficulty with all case record studies, small or large, is that they come from special samples. (1) Are the cases under care typical of all neglect cases in the community? (2) On the face of it, they differ from the "average" family, but on which variables do they differ from other very poor families who are not neglecting their children? The best we can hope from such single-cell studies are suggestive hypotheses--some of which are only now coming under more rigorous scrutiny.

B. Outcome Evaluation

After "What have we here?" the next most typical question raised by practitioners is, "Are we doing any good?" This leads to research on outcome, that is, amount of change induced in individual persons or families (DeGeyndt, 1970). A desirable feature in an outcome study is that it involve follow-up of cases after they have been closed by the agency, and that the evaluation be done by someone who has not been responsible for giving the service.

For his doctoral dissertation at the University of Pennsylvania, School of Social Work, Gordon Askwith, in 1961, followed up thirty-three families previously closed as "Service Complete" by a private protective service agency. He concluded that a majority of these families were not giving their families proper care, and that they continued to need help with problems of loneliness, maintaining relationships and basic home management. The recommendation is for a family-centered program with a comprehensive variety of services at its disposal--an idea later pursued in the Bowen Center Project in Chicago (Sullivan, Spasser, and Penner, 1974).

Morse, Sahler, and Friedman (1970) report a follow-up of twenty-five children thought to have been grossly neglected or suspected to have been abused among cases seen at the University of Rochester Medical Center.

The study took place between two and four years after the original contact ceased. Only 30 percent of the children were found on re-examination to be "within normal limits" in all respects; 35 percent had experienced repeated abuse and neglect. And, "neither the amount of time nor skill expended by agency workers and nurses was predictive of how well the children progressed." (p. 45).

Do such studies prove that child neglect is "untreatable?" Such a negative hypothesis cannot be tested since any service or package of services is a sample from an imaginable infinite variety of packages. An agency and the workers in it are also a sample from an infinite variety of agencies that could be imagined. But, when those involved are well trained and operating under reasonably good conditions, repeated negative results must be taken seriously.

Contrariwise it may be found that a few people are having fine results. While even one success disproves the hypothesis that neglect is untreatable, until most good workers in most agencies are getting movement rather routinely, we cannot really say neglect is "treatable."

The evidence is that in a goodly proportion of cases, competent workers backed by adequate facilities are able to alter the situation in which they find the family (Hofkin, 1963). For such change to sustain the parents, there would have to have been either substantial growth in parental character, or change in the life situation, and preferably both. The available fragmentary evidence suggests that these changes are very hard to achieve with the bulk of the people implicated in neglect. More follow-up studies of outcome are needed.

C. Chronicity and Recurrence

Protective service workers are all too aware that many of the families they see are chronically neglectful. Two groups of social work researchers have accordingly sought to operationalize chronicity by linking it to recurrence.

Under a grant from the Children's Bureau, Lewis and Jahn (1967) undertook a series of studies at the University of Pennsylvania during the period 1965-67. They quote approvingly from the work of Rein and Weiss at Brandeis (Lewis, Jahn, and Bishop, 1967, p. 44); "We will characterize as 'chronic cases' those which return to the agency after having been seen and closed . . .In the true chronic case, the problem is never solved, although the case may be closed from time to time."

Cases that recur are chronic by definition, but they do not constitute all the chronic cases. Some disappear from the purview of the original agency. What are some characteristics of the recurrent case? In a comparison of 50 new families with an equal number who were being seen for at least the second time, about half of both groups were rated "inadequate but not poor" in overall functioning and child care. A previous study of 40 cases (Johnson, 1950) reported the problems of new cases were very similar to those presented among families which recurred--discouraging results.

If the cases were unencouraging in outcome, they were more promising with respect to process. A higher proportion of those that recurred were brought to the attention of the agency by relatives and non-official sources (Lewis, Jahn, and Bishop, p. 31). On the other hand, denial of neglect and abuse proved more common among repeaters than among persons seen for the first time. It was also found that a somewhat higher proportion of the mothers in recurrent families saw their own behavior and attitudes as part of the problem. We note, therefore, that the so-called "chronic" parent is hard to move, uses primitive defenses like denial and projection, but may gradually come to accept that he has a part in his problems.

D. Community Attitudes toward Treatment Strategies

Cultural values about acceptable child caring partly determine the identification of child neglect. The community's attitudes also play a substantial role in suggesting what ought to be done with cases. An influential earlier study was that of Maas and Engler (1959). Their work documented the variation in handling neglected children in different parts of this country and the strong resistance experienced by some judges against severing the tie of a child to his natural parents. Not only the judge, but his whole respectable reference group resisted such action.

Another early study was done by Boehm (1967). She surveyed attitudes in one community, sampling persons in professions that play significant roles in handling neglect complaints. The technique was to offer interviewees a series of case vignettes and in each, ask whether or not they felt action would be justified. Boehm found consensus for protective action in situations involving physical hazard, but disapproval of emotional neglect was not strong enough to trigger protective action.

The advantage, methodologically, of studying attitudes by offering case illustrations is that it makes issues more real and vivid. A limitation is that one can administer only a few examples to be rated before fatigue and confusion set in. Therefore, the number of value dimensions able to be adequately tapped in one study may be no more than two or three. The nature of Boehm's sample is unclear. And there is also question whether the dimensions studied are fairly compared. Could not one, for example, construct a colorful vignette of emotional neglect which would have an impact so strong it, too, would trigger an impulse for action?

Polansky and Doroff have, therefore, introduced a further refinement. Doroff (1975) wished to study whether a group would make a "riskier" decision about disposition of a child neglect situation than would the same individuals before their group discussion. Her study was of the phenomenon of shift-to-risk (Brown, 1965). But, what is a "risky decision?" So, we set up a preliminary study in which a list of ten real-life dispositions was brought under study. Using an adaptation of the semantic differential technique (Osgood, 1967), we asked the subject to rate each possible action a judge might take on a series of scales--e.g., risky-safe; strong-weak; active-passive. By this method, we are able to get an answer to the question: What is the psychological meaning of interventions by a judge or a social worker? We now have another means to study values about interventions in treating neglect. Varon (1969) conducted her research on community attitudes in a working class neighborhood in Boston. In this economically marginal community, good mothering was defined as providing adequate food, shelter, and clothing for one's children: failure to provide these constituted neglect. Neighborhood people expressed concern about emotional health of children, but failure by parents in this regard was not seen as neglectful. Social workers did not have a positive image in the neighborhood surveyed, and the protective agency was seen as punitive. However, there was general support for agency intervention in drastic situations. Varon's study is small, her sampling leaves much to be desired, and the bases for conclusions are not all given. But, her results, like Boehm's, are provocative and warrant replication studies.

Investigations of treatment process go beyond the gross evaluative level, and ask more pointed questions. Are there particular sorts of cases with whom one has better luck than with others? Such a study was reported from the Baltimore Department of Public Welfare by Brown, a master's student (1961). Unfortunately, the factors she studied did not prove predictive of status on closing in her relatively small (48 cases) sample.

I have been glad to learn, therefore, that an analogous study under professional auspices has just been funded by the Office of Child Development as of May 1, 1975. The Child Welfare League of America will be trying "to identify factors associated with discontinuation of child abuse and neglect" (Shyne, 1975). Cases known to several public child protective service agencies will be studied to see what can be learned from case records and from client's reports.

Bourke (1970) tried to discover what focus in casework would be appropriate "with families in which children are neglected." Predominant thrust of the casework was scaled from "outer-focus" to "inner-focus." The inner-focused work seemed to have to do with trying to bring about change in mood, as contrasted with outer-, which concerned getting the client to do something about his problems. Although the author concludes outer-focus is better, the study offers inadequate support for such a conclusion. For example, the type of focus was rated in terms of interviews during the first three months, and then compared with ratings of outcome when cases were ended. This does not take into account whether a family might have begun service with one focus, and then shifted to another. But the aim of the research--to discover which approach seems to work best with which type of client--was laudable, and will be well worth further investments.

Finally, there have been a few studies dealing with workers' attitudes, and how they feel in these hard jobs. An interesting conclusion emerged from the study by Mukundarao (1963) which was also supervised by Howard Lewis at Pennsylvania. Mukundarao collected the perceptions of 43 people who occupied strategic posts in the social welfare community, and who were concerned with the problem of child neglect. Respondents were drawn from policy-making, administrative-supervisory, and direct service levels. Once again, one must worry about the size of the sample (e.g., 43 officials divided into three strata!), and other aspects of the methodology. But, a major conclusion is worth recording. Self-estimates of one's ability to bring about change in neglect situations revealed a good bit of frustration. And there was a tendency to see the solution to neglect as necessarily coming from service levels other than one's own. Someone else always has the magic.

An interesting issue was pursued by Hornheim (1972) at the University of Denver. Again, the sample was small: thirty-four professionally educated social workers in protective services in one county welfare department. At issue was their feeling about use of authority in casework. The conclusion was that, so far as these workers reported it, job stress arose primarily because of the terrible client needs they were confronting; by comparison, their exercise of delegated authority was a very minor source of stress to them. Stresses experienced by child welfare workers were also studied by Harry Wasserman (1970) in the Los Angeles area. Twelve new workers in a public child welfare agency, professionally trained, were followed for two years. At the end of the period, six workers had left voluntarily and two non-voluntarily. Wasserman's study can best be thought of as anecdotal but provocative. It suggests replication with far larger groups in a representative sample of departments. Hopefully, related studies are currently under way as part of the organizational research being sponsored by OCD, but we have not yet discovered them.

Conclusion

The sheer difficulty of defining neglect should have been warning enough to those addicted to neat and elegant study designs. The inspiration for the work does not derive from the excitement of new hypotheses but from a pressing need for new answers. Children are suffering and in danger and it is our job to add to the knowledge base that might speed their rescue. All else is secondary. Because of the practical urgency, I feel the more obligated to draw conclusions in the form of setting priorities for necessary directions of future research.

Perhaps the most famous dictum of the late Kurt Lewin was this: There is nothing more practical than a good theory. The most glaring lack in research on neglect, from my standpoint, has been the absence of an overall explicit theoretical analysis and integration. Theory is what makes research cumulative in all other areas; it should increase the efficiency of effort here as well. But theorizing most always goes hand in hand with empirical work.

Of substantive research, the most urgent continues to be the examination of etiologies (i.e., the "causes") of neglect. Only as we clarify causative syndromes can we rationalize treatment at the level of the individual, the family, and the community. The second highest priority should go to studies of both strategies and tactics of direct treatment. Even if we include under this heading studies relevant to evaluation of total programs, and research on the impact of community values on the handling of cases, the sparcity of organized research into the treatment of neglect was remarkable from our review. At least some support should continue to go to clinical research. Neglect is hardly ready for the contrast group designs always prematurely imposed by behavioral researchers.

For the researcher as for the practitioner, child neglect is a field that takes its toll. It is a hard area to study. Nor is one likely to elicit praise from academically-minded colleagues. Meanwhile, most neglectful families continue just as intractable as in the 1860's, when modern social work began. One is reminded, therefore, of one of the most pointed injunctions in Jewish literature: It is not required of you to complete the task, but neither are you permitted to relinquish it.

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